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January

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JOURNAL

JANUARY 2001

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Catherine Zeta-Jones

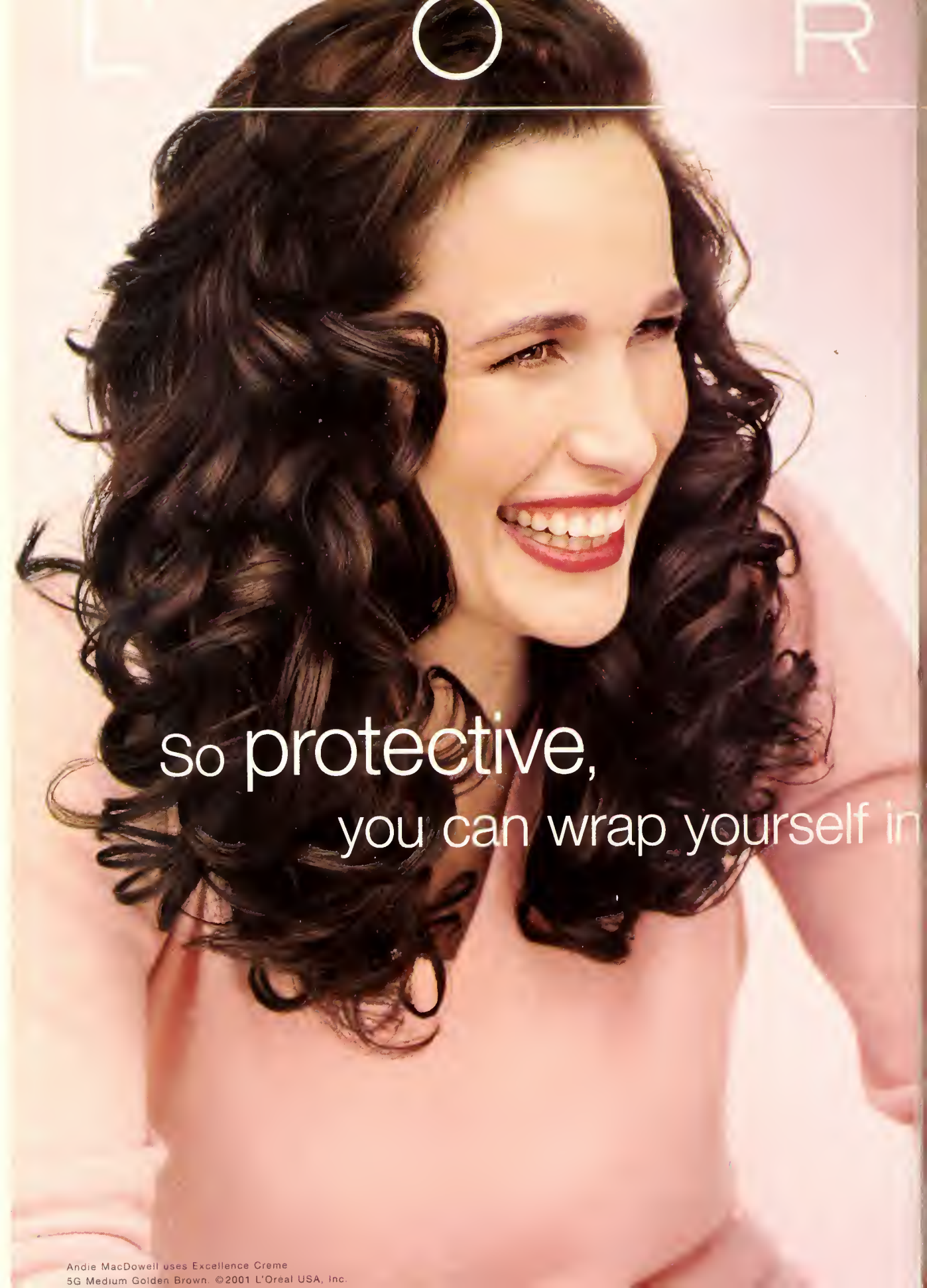
New Baby, New Man, New Life: How she got what she really wanted

Women to Watch

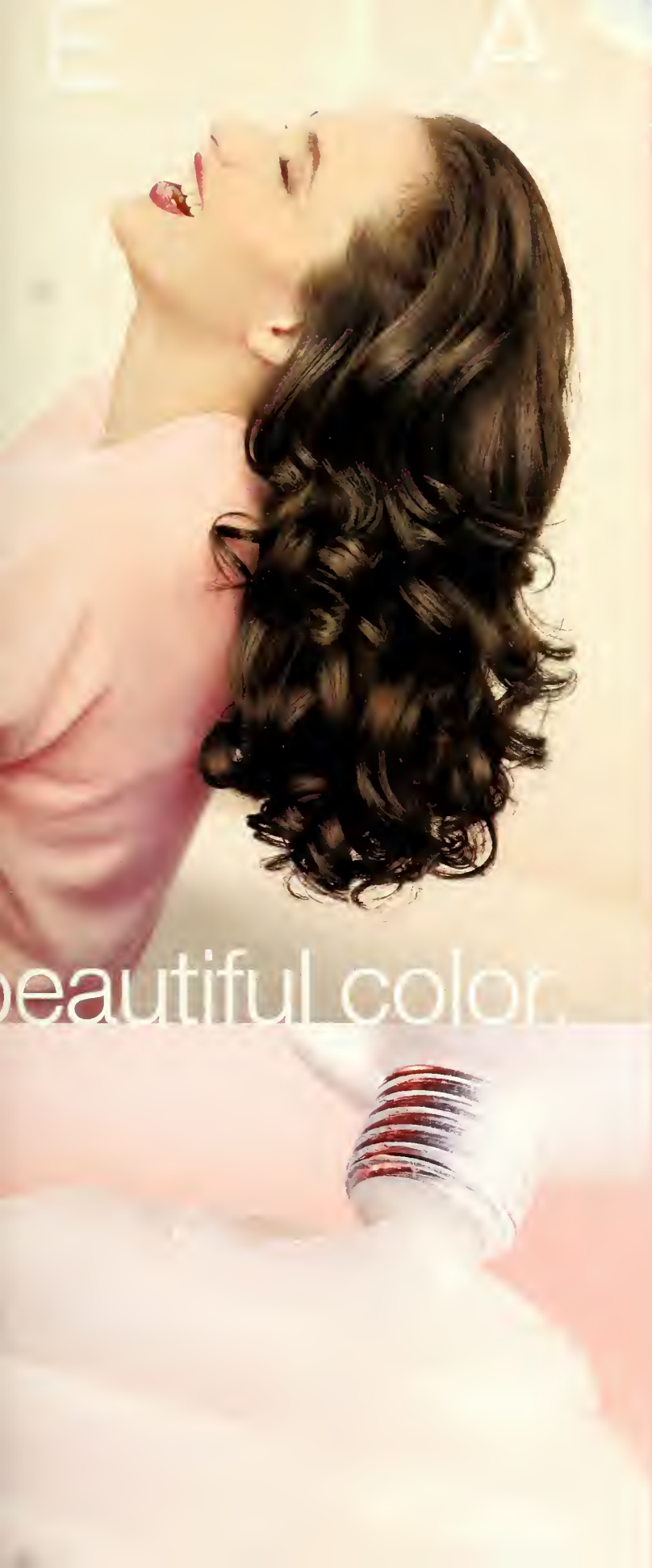
What's ahead for Meg Ryan, Julia Roberts, Britney Spears, Faith Hill, Helen Hunt and Renée Zellweger

Tune in to our "Women to Watch" special on CBS

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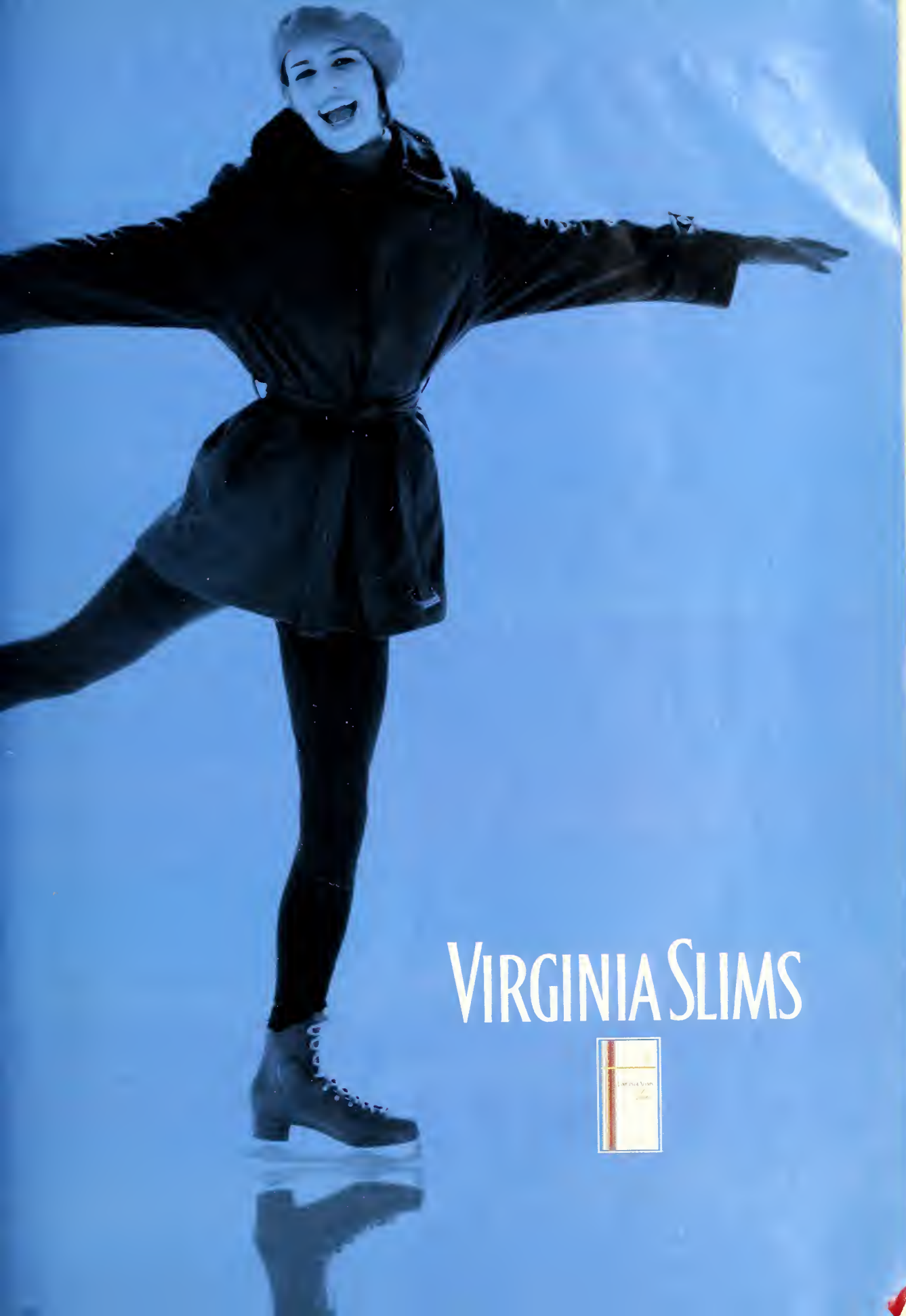
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VIRGINIA SLIMS



78
WOMEN TO WATCH
Catherine Zeta-Jones and thirteen other fascinating women

LADIES' HOME JOURNAL®

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January 2001

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LADIES HOME JOURNAL online

Visit the LHJ Kitchen to learn techniques for making the perfect Eggs Benedict, Crab Cakes, Prime Rib and more. Log on to www.lhj.com/kitchen. Then go to www.lhj.com/talk to share your views with other readers. And click on www.lhj.com/service, for all your subscription questions.


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LADIES' HOME
JOURNAL®

DATE: **1/01**
FROM: **Myrna Blyth**
RE: Looking ahead



Want to start the new year right? My suggestion: Tune in to *Ladies' Home Journal's Most Fascinating Women to Watch* TV special, which airs Monday, January 1, at 10 P.M. E.T., 9 P.M. C.T., on CBS. Brought to you by our friends at CLAIROL, the show features many terrific women who have had interesting pasts and, we believe, have even more exciting futures. Singer Toni Braxton, model Cheryl Tiegs, actress Tracy Pollan, columnist Liz Smith and eBay's Meg Whitman will all be on the show along with many other guests.

Ladies' Home Journal is the only magazine that has an annual TV special saluting the achievements of outstanding women. For the past four years, the *Journal* specials have been garnering great reviews and high ratings. A lot of the women we have featured have gone on to even greater success. This year's show will have, I can promise, some new, added surprises. I think it will be our best ever. So make an unbreakable resolution for New Year's Day to kick back, watch—and enjoy.



Another achievement I ought to mention: LHJ has just turned one hundred and seventeen years old! I think that's pretty amazing, and I bet you agree. This magazine has been giving women information, entertainment and inspiration in three centuries! At LHJ, we're proud of our tradition, certainly, but even prouder that we are always looking ahead. Happy New Year!



Women to watch: Catherine Zeta-Jones, Britney Spears and Marion Jones

Don't miss our TV special

"LADIES' HOME JOURNAL'S MOST FASCINATING WOMEN TO WATCH"

on CBS, Monday, January 1, at 10 P.M. E.T., 9 P.M. C.T.

SOUND BITES

"There's something beautiful in knowing that you have the ability to save your sister."

–Kara Hermo, "Three Sisters, One Baby," page 40

"We have a whole generation of preschool- and elementary-school-aged kids who think thin is beautiful."

–Jonelle C. Rowe, M.D., "Mom, Am I Fat?" page 74

"Nothing turns men on more than the sight of the women they love."

–Shmuley Boteach, "Find Your Spark," page 66



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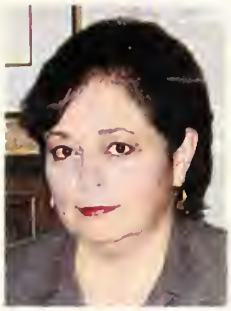
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KATHRYN CASEY

ASSIGNMENT: To interview the woman who blew the whistle on a medical trial that may have put patients' health at risk in "The Nurse Who Knew Too Much" (page 94).

IMPRESSION: **"Cherlynn has an incredible amount of courage. We need more watchdogs like her."**

"We have to change the way we talk about our body image in front of our kids. It'll make a huge difference"

—Sharon Epel, who wrote our special report, "Mom, Am I Fat?" (page 74)





CHRIS STANFORD

TASK: To photograph a woman who sails to fight stress in "The Decision That Changed My Life" (page 84).

REACTION: "I was a little nervous about getting in her boat. I thought, What if we tip over?"

SURPRISE: **"She did a great job. I even helped to steer."**

STACEY COLINO

"Women, including myself, tend to spend so much energy taking good care of everyone else," says the author of "Seven Secrets of People Who Never Get Sick" (page 58) and "The Decision That Changed My Life" (page 84). "We need to do the same for ourselves."





"What blew my mind was this little baby boy—the result of so much love and compassion"

—Craig Wallace Dale, who photographed "Three Sisters, One Baby" (page 40)

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Winner Selection: Winners will be determined in random drawings from among all eligible entries received on or about May 15, 2001, by Ventura Associates, Inc., an independent judging organization whose decisions are final in all matters relating to th Winners will be notified by overnight mail within 10 days of the drawing date and will be required to complete and return an affidavit of eligibility and release of liability/publicity release which must be signed and received by sponsor or its designate 14 days of date posted on notification or s/he will be disqualified, and an alternate winner will be selected in a random drawing. Travel companions (if minor, parent/legal guardian) will be required to complete Liability Release prior to trip. If prize r ter or prize is returned as undeliverable, the corresponding prize will be awarded to an alternate winner chosen in a random drawing. Acceptance of prize constitutes permission (except where prohibited) to use winner's name, hometown, likeness and purposes of advertising, promotion and publicity in any medium without additional compensation.

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january

journal

HOME IMPROVEMENT

Who said only men are capable of making household repairs? More and more women are strapping on tool belts—and kicking up sawdust



Here is what Lisa Mienville, from Chicago, did on a recent weekend: sanded a floor, insulated a window, cut up a fallen tree, changed the oil and filter on a lawn tractor, spackled a wall and tarred the driveway.

And that's only a partial list. Although Mienville, an executive at Abbott Laboratories and mother of a two-year-old son, is perhaps a little more zealous than most, she is part of a growing trend of women who know how to handle a power saw. According to a recent survey by Home Depot, women everywhere are measuring twice and cutting once: Thirty-seven percent of female respondents said they would prefer to spend weekend leisure time working on a home-improvement project rather than shopping in a mall (28 percent) or cooking/baking (25 percent). And Home Depot says the number of women attending their fix-it workshops has tripled since they started offering them.

Of course, many women don't see what all the fuss is about: It's only a small step from gardening to refinishing the dining-room table. Besides, says Mienville, laughing, "It's all a plot. Men want us to get good at this stuff. Then they don't have to do it themselves."

—Judith Newman

She's got the power

Now that women are making friends with power tools, manufacturers are marketing lines with female appeal. Black & Decker and Porter-Cable are targeting women with light, cordless models with rubber-grip handles like kitchen appliances. No pink cordless drills *yet*—but the colors are occasionally brilliant, like power drills in bright blue and spiral saws in cherry-red.



spiral saw



power drill



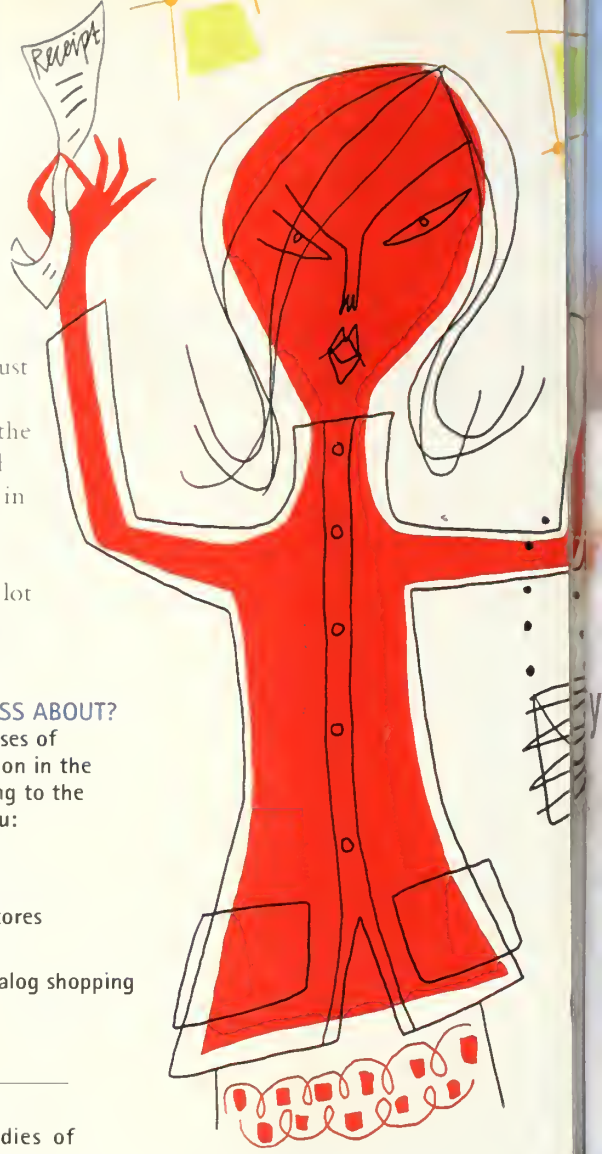
sander

Complaint Dept.

Disgruntled consumers sure don't like to hold anything back. Just ask the folks at the Council of Better Business Bureaus, who logged a record-breaking three million complaints in 1999, or the people at the American Customer Satisfaction Index, a national indicator of customer discontent, which shows that satisfaction in almost every area is lower than when they started tracking six years ago. But now, thanks to the Internet, venting your frustration over bad service or merchandise has gotten a whole lot easier. You say the dry cleaner destroyed your new party dress? Visit the "angry forum" at *www.rentitout.com* and get a load off your chest. Ripped off by a mechanic? Log on to *www.fedupwiththis.com* or *www.complainamerica.com* to join a free-for-all with other moaners and groaners. All of these sites operate on the theory that sharing your gripe—with as many people as possible—is therapeutic. Some also provide links to consumer associations that could help you redress. —Christina Scrammacco

WHAT'S ALL THE FUSS ABOUT?
Here, the top five causes of consumer dissatisfaction in the U.S. in 1999, according to the Better Business Bureau:

1. Automobile dealers
2. Computer dealers
3. Home-furnishing stores
4. Auto repair shops
5. Mail-order and catalog shopping



MEET MR. JANUARY First, the middle-aged Ladies of Rylstone posed in the buff for a calendar created to raise money for leukemia research. Now a bunch of American guys are getting into the act, some to help a worthy cause, others simply for the thrill of becoming a pinup. *Bachelor Lobstermen of Maine 2001* (below) includes twelve brawny shellfishermen (some of whom are also balding or beer-bellied). *Aged Beef: Men in Their Prime*, created last year to raise funds for the National World War II Memorial, is a calendar featuring thirteen sexy seniors from Texas. Fortunately or not, neither calendar's models appear in their birthday suits; even so, the yearly planners are turning regular Joes into demi-celebrities. "We get letters from all over asking to meet the guys," says Joanne Gray, who scoured the shorelines of Maine looking for eligible models. "One woman said she'd marry any of them." —Christina Orlovsky



DOWNTIME DREAMS

If they had a free afternoon, women say they'd most like to spend it with:

Alone.....37%

Their husband.....39%

Their children.....10%

Their best friend.....14%

Source: lh.com



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NEW YEAR'S RESOLUTIONS

We all make them, but what's the trick to making them stick? Some famous folk share their strategies.



MICHELLE KWAN, figure-skating champ. Resolution: "To be more tolerant of people's emotions, especially when they've had a terrible day or are in a bad mood." Strategy: "By having more patience and becoming a better listener."



SHELLEY LONG, the high-minded waitress of *Cheers* fame and more recently a physician's receptionist in *Dr. T & the Women.* Resolution: To get a handle on technology. Strategy: "I plan to do a lot more writing on my computer."



KEN BURNS, producer/director of this month's PBS series, *Jazz.* Resolution: To make the most of an upcoming sabbatical. Strategy: "To read for pleasure, sleep more and travel to parts of the country I haven't seen."



ANN CURRY, *The Today Show*'s news anchor. Resolution: To do even more "to make a difference with my time, my reporting, my charity work and with kindness—not only with my family and friends but also with strangers." Strategy: "I know this is one resolution I won't break, because it is already a part of me."



BILL MAHER, the satiremeister of ABC's *Politically Incorrect.* Resolution: "I plan to take my Beanie Babies out of the display case and actually play with them. And I'm going to stop hanging out with Hollywood phonies and spend more time with normal, everyday phonies." Strategy: He's working on it.



GOING PUBLIC

It used to be that a journal was a woman's most private possession. Now, Web sites where women can post their personal outpourings are popping up faster than you can say Dear Diary. "Diary-writing is all about self-discovery," says Bruce Ableson, creator of opendiary.com, the first site of its kind and home to more than 150,000 diarists, 80 percent of whom are women. "The difference is that here other people reading your entries can write to you with feedback." And to make it easy for diarists to bare their souls honestly, anonymity is not only assured, it's required. Perhaps that's why online diary-keeping is proving so popular: Snoops generally know who you are with the old-fashioned paper-and-ink kind! —C.O.

AMERICAN SNAPSHOT

Credit Cards by the Numbers

Percentage of American families who carry credit cards: **7**

In 1999, average number of cards carried by Americans: **3**

Percentage of people who say they spend more when using a credit card: **34**

Average estimated credit-card debt as of October 1999: **$1,751**

Percentage of credit-card users who carry balances from month to month: **54**

Estimated total amount, in billions, of revolving credit owed in 1968: **2**

Estimated total amount, in billions, of revolving credit owed in 2000: **626**

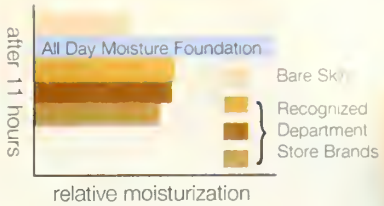
Number of credit-card solicitations sent out each year: **4 billion (about 43 per household)**



All Day Moisture Foundation

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Hydrates for 11 hours and helps minimize the appearance of fine lines with lasting OlayColor. Actually improves skin over time. Remarkably, its moisturization outperformed three recognized department store brands.* So wear your makeup. It's good for you.

PROVEN TO MOISTURIZE ALL DAY.



Anouk is wearing Fair Honey All Day Moisture Foundation, Cappuccino ColorMoist Lipstick and Apricot/Hazelnut Eye Shadow. Olay Cosmetics are dermatologist tested. We invite you to visit us at www.olay.com.

*In a major metropolitan area, we selected recognized department store liquid foundations making moisturization/hydration claims. A series of pre-screening tests led to the clinical testing of three foundations technically shown to provide hydration benefits. These independent tests confirmed that Olay's All Day Moisture Foundation hydrates significantly better than the products tested.

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Also try All Day Moisture Stick.
Available in 10 sensational shades.

OLAY



THE NEW NEW THING

They're not just for serving sushi anymore. Black- and red-lacquered trays are the must-have Asian-inspired item of the moment. Use them as a chic way to showcase makeup in the bathroom or condiments in the kitchen. Specialty stores carry them in a variety of sizes, with prices ranging from $40 to $120. Or get the look for less with plastic versions, available for $12 to $40.



HOW TO DITCH A BORE

Every holiday party has its sparklers—and its wet blankets. To escape boredom, Letitia Baldrige, the author and authority on manners, has perfected these two tactics: **1. The urgent phone call.** "I become very animated, then I ask the time and say, 'Oh, no! It *can't* be eight o'clock! I've *got* to call home this minute.' Then I get up and go to a phone." Remember—it's very important to make a real phone call, otherwise your fib will be found out. **2. The obligatory greeting.** After enduring as much of the drone as you can, you say, "You know, I've really enjoyed talking to you, but I promised to speak to four people who are here, and I must go and say hello. Please excuse me."

Moms Marching On





The Washington march that started a movement

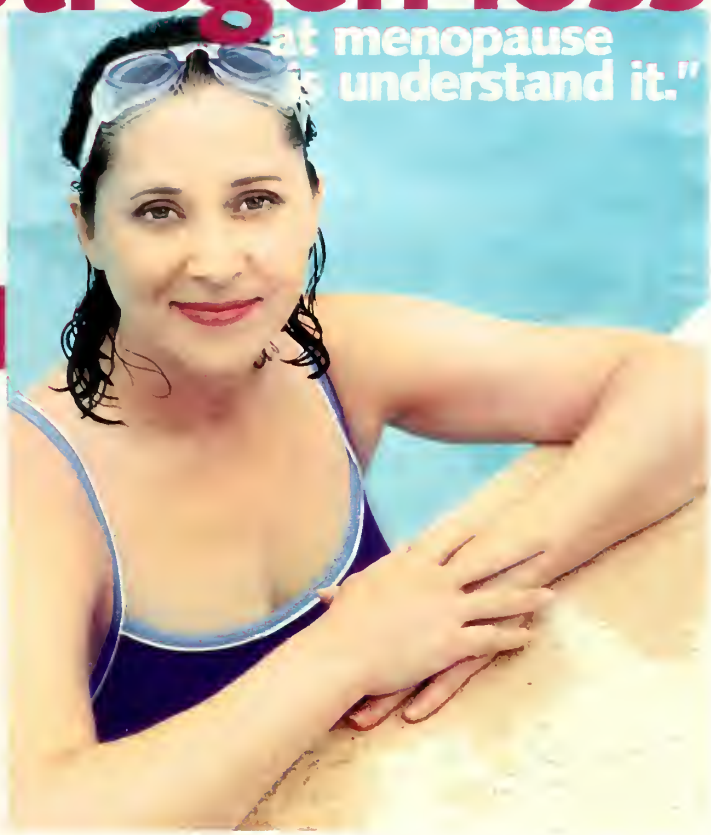
When an estimated 750,000 "mothers and others" converged on the Mall in Washington, D.C., as part of the Million Mom March last May, even the organizers were amazed by the turnout. Since then, the Million Mom March Foundation has been working hard to keep up the momentum. Now, in addition to lobbying for sensible gun laws, the foundation focuses on public education and support for victims and survivors of gun trauma, components President Mary Leigh Blek says she's "particularly proud of."

Also making her proud are the more than 225 chapters that have sprung up in 46 states. "I'm excited by the new energy and focus our chapters bring to our movement," says Blek, whose son, Matthew, was shot and killed during an attempted robbery in 1994. "I'm confident that we will be successful."

Modeling themselves on the most influential grassroots organization to date, Mothers Against Drunk Driving, the Million Mom March has formed as many chapters in six months as MADD did in two years. The chapters endorsed state and local candidates and urged people to vote in November "as if their child's life depended on it."

And the moms plan to march on. Even with new gun-control advocates in office, "that doesn't guarantee that laws will be passed or that if they are, that those laws will be implemented," says Executive Director Andrew McGuire. "This is long term. Our goal is to further grow our movement so it will eventually be bigger than the NRA." —Jennifer Hoppe

"One of the most important things you can do about estrogen loss at menopause understand it."



"I know that estrogen loss at menopause triggers *hot flashes, night sweats, and vaginal dryness.* I also know that replacing estrogen with PREMPRO now can relieve those symptoms and help protect me against osteoporosis, a long-term health problem. That's important. Because I have a lot further to go in life!"

EMprofiles™

s Clark
sic Teacher
laughters in college,
n married
ims 3 times a week
tches her diet
ght sweats ruining sleep
other has osteoporosis
t flashes disrupting lessons

ted on PREMPRO™
ling great

o offers relief of your symptoms and protection against osteoporosis. o. hormone replacement therapy, ibed for women who are experienc- nopause naturally, to relieve hot night sweats, and vaginal dryness. ymptoms can interfere with your life. you have only mild hot flashes or veats, or perhaps none at all, you are ng estrogen during menopause and and that can lead to osteoporosis, an affect your future health. Many begin to lose bone mass early in use. In fact, up to 20% of expected bone loss occurs in the first 5 to 7 fter menopause. Osteoporosis is a of the bones that makes them and allows them to break more easily. MPRO, along with calcium and exer- ps to protect against osteoporosis by ng early bone loss and reducing hip st fractures by approximately 60%. EMPRO, you can feel confident you ing the same blend of estrogens that women and their doctors have trusted for over 58 years combined with a progestin in one, convenient tablet.

There can be side effects with PREMPRO. Estrogen can increase the risk of cancer of the uterus. Progestin combined with estrogen, as in PREMPRO, reduces this risk. Women who have had a hysterectomy do not have this risk. PREMPRO contains progestin, which may have unfavorable effects on blood sugars and may worsen a diabetic condition. Side effects of PREMPRO include blood clots, nausea, abdominal pain, breast tenderness, irregular bleeding, headache, and hair loss.

PREMPRO is not for every woman. You should not take PREMPRO if you have had any breast or uterine cancer, abnormal vaginal bleeding, abnormal blood clotting, or if you think or know you are pregnant. Pregnant women should not take PREMPRO because of possible risk to the fetus. You should also not take PREMPRO if you have liver disease or have had a stroke. If you have heart disease, you and your doctor may decide you should not take PREMPRO. Tell your doctor about your personal and family medical history.

Protect your health now with PREMPRO. If you're in menopause or beyond, ask your doctor if PREMPRO, with its proven protection against osteoporosis and relief of menopausal symptoms, is right for you. For more information, talk to your doctor today about PREMPRO. Or call **1-800-753-1174**, or visit our Web site at **www.prempro.com**.

Please see the important information on the following page.

PREMPRO™
(conjugated estrogens/medroxyprogesterone acetate tablets)
0.625 mg/2.5 mg

You can be in the early stages of osteoporosis and not even know it. Ask your doctor about tests for osteoporosis, such as Bone Mineral Density testing. And ask how PREMPRO can help prevent this serious disease.

The No.1 Prescribed Hormone Replacement Therapy.

PREMPRO™ Brand of conjugated estrogens/medroxyprogesterone acetate tablets.
PREMPHASE® Brand of conjugated estrogens/medroxyprogesterone acetate tablets.

Your physician has prescribed PREMPRO or PREMPHASE, a combination of 2 hormones, an estrogen and a progestin. This summary describes the major benefits and risks of your treatment as well as how and when treatment should be taken.

PREMPRO and PREMPHASE replace the hormones in your body which naturally decrease at menopause. The hormone combination you will be taking has been shown to provide the benefits of estrogen replacement therapy while lowering the frequency of a possible precancerous condition of the uterine lining. This therapy is not intended for women who have had a hysterectomy (surgical removal of the uterus).

Estrogens have several important uses but also some risks. You must decide, with your doctor, whether the risks of estrogens are acceptable when weighed against their benefits. The length of treatment with estrogens can vary from woman to woman. Check with your doctor to make sure you are using the lowest possible effective dose.

With PREMPRO or PREMPHASE therapy several menstrual-like bleeding patterns may occur. These may range from absence of bleeding to irregular bleeding. If bleeding occurs, it is frequently light spotting or moderate menstrual-like bleeding, but it may be heavy. If you experience vaginal bleeding while taking PREMPRO or PREMPHASE, you should discuss your bleeding pattern with your doctor and set up an appropriate schedule for follow-up care.

USES OF ESTROGEN

To reduce moderate to severe menopausal symptoms. Estrogens are hormones produced by the ovaries of normal women. When a woman is between the ages of 45 and 55, the ovaries normally stop making estrogens. This leads to a drop in body estrogen levels that causes the "change of life" or menopause (the end of monthly menstrual periods). A sudden drop in estrogen levels also occurs if both ovaries are removed during an operation before natural menopause takes place. This is referred to as "surgical menopause."

When the estrogen levels begin dropping, some women develop very uncomfortable symptoms, such as feelings of warmth in the face, neck and chest or sudden intense episodes of heat and sweating ("hot flashes" or "hot flushes"). Using estrogen drugs can help the body adjust to lower estrogen levels and reduce these symptoms. In some women the symptoms are mild, in others they can be severe. These symptoms may last only a few months or longer. Taking PREMPRO or PREMPHASE can alleviate these symptoms. If you are not taking hormones for other reasons, such as the prevention of osteoporosis, you should take PREMPRO or PREMPHASE only as long as you need it for relief from your menopausal symptoms.

To prevent thinning of bones. Osteoporosis is a thinning of the bones that makes them weaker and allows them to break more easily. The bones of the spine, wrists, and hips break most often in osteoporosis. Both men and women start to lose bone mass after about age 40, but women lose bone mass faster after the menopause. Using estrogens after the menopause slows down bone thinning and may prevent bones from breaking. Lifelong adequate calcium intake, either from diet (such as dairy products) or from calcium supplements (to reach a total daily intake of 1,000 milligrams per day before menopause or 1,500 milligrams per day after menopause), may help to prevent osteoporosis. Regular weight-bearing exercise (like walking and running for an hour, 2 or 3 times a week) may also help to prevent osteoporosis. Before you change your calcium intake or exercise habits, it is important to discuss these lifestyle changes with your doctor to find out if they are safe for you.

Since estrogen use has some risks, only women who are likely to develop osteoporosis should use estrogens for prevention. Women who are likely to develop osteoporosis often have the following characteristics: White or Asian race, small, slim body frame, cigarette-smoking habit, family history of osteoporosis (in a mother, sister, or aunt), early menopause either natural or because of surgical removal of ovaries ("surgical menopause").

To treat vulvar and vaginal atrophy (itching, burning, dryness in or around the vagina, difficulty or burning on urination) associated with menopause.

WHO SHOULD NOT USE ESTROGENS

During pregnancy. If you think you may be pregnant, do not use any form of estrogen-containing drug. Using estrogens while you are pregnant may cause your unborn child to have birth defects. Estrogens do not prevent miscarriage.

If you have unusual vaginal bleeding which has not been evaluated by your doctor. Unusual vaginal bleeding can be a warning sign of cancer of the uterus, especially if it happens after menopause. Your doctor must find out the cause of the bleeding so that he or she can recommend the proper treatment. Taking estrogens without visiting your doctor can cause you serious harm if your vaginal bleeding is caused by cancer of the uterus.

If you have had cancer. Since estrogens increase the risk of certain types of cancer, you should not use estrogens if you have ever had cancer of the breast or uterus.

If you have any circulation problems. Estrogen drugs should not be used except in unusually special situations in which your doctor decides that you need estrogen therapy so much that the risks are acceptable. Women with abnormal blood clotting conditions should avoid estrogen use (see **RISKS OF ESTROGENS AND/OR PROGESTINS**).

When they do not work. During menopause, some women develop nervous symptoms or depression. Estrogens do not relieve these symptoms. You may have heard that taking estrogens for years after menopause will keep your skin soft and supple and keep you feeling young. There is no evidence for these claims and such long-term estrogen use may have serious risks.

After childbirth or when breastfeeding a baby. Estrogen should not be used to try to stop the breast from filling with milk after a baby is born. Such treatment may increase the risk of developing blood clots (see **RISKS OF ESTROGENS AND/OR PROGESTINS**). If you are breastfeeding, you should avoid using any drugs because many drugs pass through to the baby in the milk. While nursing a baby, you should take drugs only on the advice of your health care provider.

RISKS OF ESTROGENS AND/OR PROGESTINS

Cancer of the uterus. If you use any drug which contains estrogen, it is important to visit your doctor regularly and report any unusual vaginal bleeding right away. Vaginal bleeding after menopause may be a warning sign of uterine cancer. Your doctor should evaluate any unusual vaginal bleeding to find out the cause.

The risk of cancer of the uterus increases when estrogens are used alone, the longer they are used, and when larger doses are taken. There is a higher risk of cancer of the uterus if you are overweight, diabetic, or have high blood pressure. The hormone combination you will be taking contains estrogen and progestin. This combination has been shown to provide the benefits of estrogen replacement therapy for the **USES OF ESTROGEN** listed above, while reducing the risk of a precancerous condition of the uterine lining (see **OTHER INFORMATION,** below).

However, additional risks may be associated with the inclusion of a progestin in estrogen treatment. The possible risks include less favorable effects on blood fats as compared to Premarin® (conjugated estrogens tablets, USP) alone, unfavorable effects on blood sugars, and a possible increase in breast cancer risk (see *Cancer of the breast*, below). Usually, the smaller the dose and the shorter the duration of treatment, the more these effects are minimized. Check with your doctor to make sure you are using the lowest effective dose and only for as long as you need it.

If you have had your uterus removed, there is no risk of developing cancer of the uterus and no benefit to be gained by using a combination estrogen/progestin product.

Cancer of the breast. Most studies have not shown a higher risk of breast cancer in women who have ever used estrogens. However, some studies have reported that breast cancer developed more often (up to twice the usual rate) in women who used estrogens for long periods of time (especially more than 10 years), or who used high doses for shorter time periods. The effects of added progestin on the risk of breast cancer are unknown. Some studies have not. Regular breast examinations by a health professional and monthly self-examination are recommended for women. Regular mammograms are recommended for all women over 50 years of age.

Gallbladder disease. Women who use estrogens after menopause are more likely to develop gallbladder disease needing surgery than women who do not use estrogens.

Inflammation of the pancreas. Women with high triglyceride levels may have an increased risk of inflammation of the pancreas.

Abnormal blood clotting. Taking estrogens may cause changes in your blood clotting system. These changes allow the blood to clot more easily, possibly allowing clots to form in your bloodstream. If blood clots form in your bloodstream, they can cut off the blood supply to vital organs, causing serious problems. These problems include a stroke (by cutting off blood to the brain), a heart attack (by cutting off blood to the heart), pulmonary embolus (by cutting off blood to the lungs), or other problems. Any of these conditions may cause serious long-term disability.

Heart disease. A recent 4-year study suggests that women with a history of coronary heart disease have an increased risk of serious cardiac events during the first year of treatment with estrogen/progestin therapy. If you have had a heart attack or you have been told you have blocked coronary arteries (arteries to the heart), have any heart problem, you should consult your physician regarding the potential benefits and risks of estrogen/progestin therapy.

Excess calcium in the blood. Taking estrogens may lead to severe hypercalcemia in women with breast bone cancer.

During pregnancy. There is an increased risk of birth defects in children whose mothers take this drug during the first four months of pregnancy. Several reports suggest an association between mothers who take this drug during the first trimester of pregnancy and genital abnormalities in male and female babies. The risk to the male fetus is the possibility of being born with a condition in which the opening of the penis is on the underside rather than the tip of the penis (hypospadias). Hypospadias occurs in about 5 to 8 per 1,000 male births and is about the same with exposure to these drugs. There is not enough information to quantify the risk to exposed female fetuses. However, enlargement of the clitoris and fusion of the labia may occur, although rarely.

Therefore, since drugs of this type may induce mild masculinization of the external genitalia of the female as well as hypospadias in the male fetus, it is wise to avoid using the drug during the first trimester of pregnancy. These drugs have been used as a test for pregnancy, but such use is no longer considered safe because of the damage to a developing baby. Also, more rapid methods for testing for pregnancy are now available. If you took PREMPRO or PREMPHASE and later find you were pregnant when you took it, be sure to discuss this with your doctor as soon as possible.

SIDE EFFECTS WITH ESTROGENS AND/OR PROGESTINS

In addition to the risks listed above, the following side effects have been reported with estrogen and/or progestin use: Nausea, vomiting, pain, cramps, swelling, or tenderness in the abdomen. Yellowing of the skin or whites of the eyes. Breast tenderness or enlargement. Enlargement of benign tumors ("fibroids") of the uterus. Changes in bleeding or spotting. Change in amount of cervical secretion. Vaginal yeast infections. Retention of fluid (this may make some conditions worsen, such as asthma, epilepsy, migraine, heart disease, or kidney dysfunction). Spotty darkening of the skin, particularly on the face; reddening of the skin; skin rashes. Worsening of porphyria. Headache, migraines, dizziness, faintness, or changes in vision (including intolerance to contact lenses). Mental depression. Involuntary muscle spasms. Hair loss or abnormal hairiness. Increase or decrease in weight. Decrease in sex drive. Possible changes in blood sugar.

REDUCING THE RISKS OF ESTROGEN/PROGESTIN

If you decide to take an estrogen/progestin combination, you can reduce your risks by carefully monitoring your treatment.

See your doctor regularly. While you are taking PREMPRO or PREMPHASE, it is important to visit your doctor at least once a year for a checkup. If you develop vaginal bleeding while taking estrogens, you may need further evaluation. If members of your family have had breast cancer or if you have ever had breast lumps or an abnormal mammogram (breast X-ray), you may need to have more frequent breast examinations.

Reassess your need for treatment. You and your doctor should reevaluate whether or not you still need estrogens at least every 6 months.

Be alert for signs of trouble. If any of these warning signals (or any other unusual symptoms) happen while you are using estrogen/progestin, call your doctor immediately:

- Abnormal bleeding from the vagina (possible uterine abnormality).
- Pains in the calves or chest, a sudden shortness of breath or coughing blood (indicating possible clots in the heart, or lungs).
- Severe headache or vomiting, dizziness, faintness, or changes in vision or speech, weakness or numbness in arm or leg (indicating possible clots in the brain or eye).
- Breast lumps (possible breast cancer, ask your doctor or health professional to show you how to examine breasts monthly).
- Yellowing of the skin and/or whites of the eyes (possible liver problems).
- Pain, swelling, or tenderness in the abdomen (possible gallbladder problem).

OTHER INFORMATION

1. Estrogens increase the risk of developing a condition (endometrial hyperplasia) that may lead to cancer of the lining of the uterus. Taking progestins, another hormonal drug, with estrogens lowers the risk of developing this condition. Therefore, since your uterus has not been removed, your doctor has prescribed PREMPRO or PREMPHASE, which includes both a progestin and estrogens.

You should know, however, that taking estrogens *with* progestins may have unhealthy effects on blood fats which might make a diabetic condition worse. Additional risks include a possible further increase in breast cancer risk which may be associated with long-term estrogen use.

Some research has shown that estrogens taken *without* progestins may protect women against developing heart disease. However, this is not certain. The protection shown may have been caused by the characteristics of estrogen-treated women and not by the estrogen treatment itself. In general, treated women were slimmer, more physically active, and were less likely to have diabetes than the untreated women. These characteristics may also help to protect against heart disease.

You are cautioned to discuss very carefully with your doctor or health care provider all of the possible risks and benefits of long-term estrogen and progestin treatment as they affect you personally.

2. Your doctor has prescribed this drug for you and you alone. Do not give the drug to anyone else.

3. If you will be taking calcium supplements as part of the treatment to help prevent osteoporosis, check with your doctor about the amounts recommended.

4. Keep this and all drugs out of the reach of children. In case of overdose, call your doctor, hospital, or poison control center immediately.

5. This summary provides the most important information about PREMPRO and PREMPHASE. If you would like more, ask your doctor or pharmacist to let you read the professional labeling. The professional labeling is published in a book called the *Physicians' Desk Reference*, which is available in bookstores and public libraries.

Keep out of reach of children.

PI 5058-2 Revised November

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ON TREND

Flower Power

New skin- and hair-care treats bloom with beautifying floral ingredients.

BATH & BODY WORKS' BIO (Beauty Individualized Organics) collection of hair-care products is enhanced with flower extracts: Jasmine and lavender in the Hydrating Shampoo ($7.50) soothe the scalp and help prevent split ends; orangeflower in the Firm Hold Sculpting Gel ($7) delivers moisturizing benefits.

FLOWER SHOWERS BY PHILOSOPHY is a set of three all-in-one shampoo, shower and bath gels ($35) with fresh-picked floral scents and creamy emollients that baby your body and pamper your hair. To order, call 800-568-3151.

SCO (SKIN CARE OPTIONS) makes skin-smoothing cleansers, toners, moisturizers and sunscreen with hibiscus-flower extract. Unlike alpha-hydroxy acids and fruit acids, this flower acid dissolves dead cells without irritating skin. One choice: SCO Facial Tonic 1 ($55), a moisturizing toner. To order, log on to *www.scocare.com.*



NO PROBLEM: Smearproof your lipstick. To help lipcolor stay put, try this trick from makeup pro Lea Siegel. Dot lip balm in the center of lips only, then line lips with a nude pencil. As you apply lipstick, don't go all the way to the penciled edge. Or try De-Groovie ($21), BeneFit's new lip primer. It melts into fine lines to prevent feathering.

celeb pick



Noa Eau de Toilette, Cacharel's ultrafeminine scent, stars with Sandra Bullock in her new film, *Miss Congeniality.* As an FBI agent working undercover at a beauty pageant, Bullock wears the fragrance to fulfill her mission to walk, talk—and smell—like a beauty queen. Offscreen, it has become Bullock's signature scent ($37.50; 1.7 oz.).



PRO TIP: Liftoff for flat hair

When humidity is low, hair can go limp. To the rescue: these body-boosting tips from top stylist Raymond McLaren of Bumble and bumble salon.

* Consider a layered cut; layers help add volume.
* Don't shampoo hair every day. Every two or three days is fine. Washing away all the natural oils deflates hair's body.
* Blow-dry with your hair tossed forward.
* Opt for moisturizing products with alcohol, such as Bumble and bumble Styling Creme. The alcohol provides holding power. Call 888-728-6253.

BARGAIN BEAUTY

Ditch that torturous eyelash curler and snap up Rimmel's new Curly Mascara. Sure, the $3.97 price is right, but what also sets this mascara apart is the brush. The bristles are designed with three grooves, allowing for an extra-long, sweeping curl. Special setting ingredients hold the curl, and panthenol, a vitamin B derivative, keeps lashes silky. Available at Wal-Mart.




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Request a free sample at www.olay.com
And be the first to try new Total Effects Lipcolor and Foundation.
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7 Beauty Rules to Break Right Now

Stop going by the book! Why not use the new year as an excuse to shake up your hair and makeup routine? Here, the rules that the pros know were made to be broken By Carol Straley



1 Don't tweeze above your brows. Any fuzz above your brows creates an unflattering shadow, says New York City makeup artist Vivian Hidalgo of Minardi Salon. To pluck any strays above brows, Hidalgo suggests you look directly into a large mirror (do not tilt your chin up or down—this distorts your view). And starting at the inner corner, tweeze one hair at a time. To prevent overtweezing, after you've plucked one row, step back from the mirror to check your progress.

2 Clear up a zit overnight with a dab of toothpaste. Models started sharing this so-called beauty secret, but the truth is, while the toothpaste does dry the blemish somewhat, it doesn't go far enough, according to NYC dermatologist Diane Berson, M.D. You'll get faster results with an over-the-counter acne treatment containing 5 percent benzoyl peroxide. Or try Neutrogena's On-the-Spot Acne Patch ($5.99).

3 You absolutely need a lip liner. Not always. Neutral lipcolors are more forgiving and less likely to show imprecise application. Typically, only dark or bright shades (like red) really need a liner, but makeup pro Kat James has an easier method that produces more natural-looking results: Smooth on lip balm, then apply lipstick to center of lips only. Next, spread the color toward the edges of lips with a lip brush; the lip balm helps dilute the color to create a softer stain, rather than the hard-edged look you'd get with lipstick and liner.

4 Put on concealer first, then foundation. Makeup maven Laura Mercier likes to apply foundation first to even out skin tone and provide a base for concealer to cling to. As a result, you use less of your concealer, which makes for a more natural look.

5 Rinse your hair with cold water to make it shine. The theory is that a final rinse with cold water after your shampoo seals the cuticle, helping it to reflect more light. But according to hair and scalp expert Philip Kingsley, author of *Hair, An Owner's Handbook* (Aurum Press, 1995), lowering the water temperature won't enhance shine. In fact, cold water constricts the blood vessels of the scalp, temporarily cutting off the supply of nutrients needed for healthy hair. What helps give hair a pretty sheen? Rinsing thoroughly so that no dulling shampoo residue remains on your hair.

6 Foundation should match the skin tone of your face. The surprising answer, according to Kat James, is that your foundation will look more natural if it matches your neck—specifically, the area near the collarbone. The skin here has a touch more yellow to its undertone, while the face tends to be a little more pink or red. And the last thing you want is a foundation with pink—it's aging and looks artificial.

7 Rub your wrists together after applying fragrance. Some fragrance experts feel that rubbing crushes delicate fragrance molecules, and, as a result, you don't get the true scent. But Annette Green, president of The Fragrance Foundation, disagrees—unless you have oily skin. "Natural oils mixing with the fragrance before it dries might interfere with the scent," says Green. Allow the fragrance to dry naturally; it takes about ten minutes.

Springmaid



Alaysha, wrapped in her finest post-bath attire.

Wal-Mart customers like Alaysha's mom are finding the latest fashion looks from Springmaid in the home section at Wal-Mart. Luxurious, 100% cotton towels to make bath time more colorful than ever. Rugs, shower curtains and matching accessories, too. And at Wal-Mart's Every Day Low Prices Alaysha's finest is also affordable.

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Making the Grade

Leather has lost its ready-to-rumble image, as lots of fun and feminine colors, cuts and textures hit the stores. Here's everything you need to know to make a smart style buy and care for your investment By Deborah Berger







STYLEWISE Leather's come a long way from the black biker jacket. "In" looks: pale pastels; skirts with drawstring waists or ruffles at the hemline; halter tops, jean jacket styling; attached tie belts or buckles.

LOOKS THAT LAST

- Pants in light neutrals like taupe, cream and butter provide a sophisticated base for many fashion and color trends—from monochromatic looks to bold patterns and bright colors.
- Pick up a jacket in baby blue to pair with a fun geometric print all spring; use it to top deeper hues come fall.

TLC • If leather gets wet, hang and allow to air-dry. Don't try to speed drying by using a blow-dryer. • Don't try to remove stains yourself; always go to a leather-cleaning specialist. • If leather feels dry, a conditioner such as Apple Brands can restore moisture. • To store, cover with a cotton garment bag or sheet to allow leather to breathe; don't use plastic or vinyl.

GRADE It depends on several factors, but the one that's easiest to evaluate is surface quality: A skin with no imperfections will be graded higher than one with flaws—and priced accordingly.



FINISHES Novelty techniques that build texture on texture are giving lesser-grade skins higher-grade looks. Leather embossed to resemble python, alligator, lizard or ostrich, and glossed with silicone or wax is, of course, less expensive than the real thing.



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skin is one thing... But extra dry skin is a whole different animal.

t's why Lubriderm® offers a very different lotion. Advanced Therapy, enriched vitamins and nutrients, was created especially for the tight, uncomfortable feeling xtra dry skin. So it heals dry skin as it moisturizes. See you later alligator.



"We never agree on anything"

Bill and April's teen daughter wanted to be a tennis star. But their fights over her training were tearing the whole family apart

By Margery D. Rosen



April's Turn

"Why are we wasting all this time and money on tennis lessons for a thirteen-year-old girl who doesn't try hard enough?" asked April, a forty-five-year-old attorney. "What's more, my husband fights me at every turn. Last week, Elissa was playing in the state regionals, and I could tell she was losing her concentration. Sure enough, she missed two serves in a row, then tripped while chasing a net ball and lost the game. Elissa came to us in tears afterward, saying she didn't want to play anymore. I started to tell her that she had to finish the tournament, but Bill bellowed at me, 'Back off!' Then he hugged her and said, 'You don't have to finish if you don't want to, sweetie.' She played on anyway.

"Bill never takes my side. He and I started our own law firm ten years ago, and we get along wonderfully on a professional level. But at home, he barks his opinions, interrupts me when I'm talking and then expects *me* to apologize. He flips every problem back onto me: I'm the insensitive, critical mother; I'm too demanding of Elissa.

"We've been arguing in front of the kids, and I know we shouldn't. As soon as a voice is raised, Elissa begs us to stop. She knows we're usually discussing her. She and ten-year-old Josh have started to bicker a lot, too, and I have to admit that makes me even more snappish at the end of a long day.

"It's not as though we're forcing Elissa to play, and if she weren't absolutely passionate about tennis, we wouldn't be doing this in the first place. But she's loved being on the court ever since she was four, and she's a natural at tennis. She just eats and breathes the sport. All she talks about is being the next Venus Williams.

"If that's Elissa's dream, I'll support her all the way—most parents would, I think—but only *(continued)*

THE MOST POPULAR, MOST ENDURING women's magazine feature in the world. This month's case is based on interviews with clients and information from the files of Susan Heitler, Ph.D., a psychologist in Denver and author of *The Power of Two* (New Harbinger Publications, 1997). The story told here is true, although names and other details have been changed to conceal identities.

"Can This Marriage Be Saved?" is a registered trademark of Meredith Corporation.



Does your shower feel this fresh even though you never clean it?



Discover the beauty of stepping into a fresh shower every day.

(continued) if she's committed to doing the work. I know I must sound like a stage mom, but the truth is that you can't be a star athlete without putting in the hours. We warned Elissa from the start that she'd be missing out on parties and outings with her friends. I think we have a right to expect her to take her sport seriously, and not waste practice time chatting with her friends.

"In his calmer moments, Bill agrees that both of us should encourage our daughter to do her best. Yet, when she starts complaining, he won't back me up. Earlier this year, when Elissa's playing was getting sloppy, I signed her up for extra lessons. She fought me on it, and Bill took her side, as usual. But when Elissa won her next big match, she hugged and thanked me for making her take those lessons. So I'm hardly an ogre.

"It's ironic that Bill accuses me of having unreasonable expectations of Elissa, because that's precisely the way he acts toward our son. Bill was an All-American lacrosse player in college, and he wants Josh to follow in his footsteps, even though Josh really prefers soccer to lacrosse.

"Our arguing isn't confined just to the kids. Bill is an all-or-nothing person. When he's passionate about some new hobby, like computers or golf, nothing else matters; he ignores all of us. Last Saturday, he disappeared all day to play eighteen holes without checking with me first. Our old car is dying, and Bill promised he'd go to the dealer with me.

"Feeling unimportant in my husband's eyes makes me incredibly sad. Though I'm tempted to leave, I don't want my kids to grow up without a father the way I did. When I was seven, my dad ran off with another woman, and my younger sisters and I hardly have seen him since.

"I had the sense that my mother never listened to me. I suppose she was too bitter and wrapped up in her own problems. But I felt that I couldn't let her down. So I proved myself worthy by being the best that I could be—the most diligent student, the perkiest cheerleader, the hardest worker on the student council.

"I met Bill during registration the first day of law school. There was an instant connection. After dating for two years, we married and moved to Denver, where Bill grew up. Going into practice for ourselves has given us the flexibility to spend a lot of time with the kids.

"Both of us take parenting very seriously. I think Bill and I want Elissa to go as far as she can in her sport, though I'm afraid that's the only thing we do agree on these days."

"When it comes to Elissa, Bill never takes my side," said April



Bill's Turn

"Why does April think she has to run everybody's life?" said Bill, forty-five. "I hate it when she tells me what I can and can't do. 'You're playing golf *again*?' she'll ask, as if it's a crime.

"It especially breaks my heart when I hear the way April speaks to our daughter. If Elissa gets discouraged during practice, or if she's too stressed to play well in a match, I just want to wrap my arms around her. But April gets mad and accuses Elissa of wimping out. Sometimes she yells unconstructive criticisms like, 'Why didn't you go for that shot?'

"Until recently, I rarely lost my temper, so that should tell you something about who's at fault and who needs to change. I resent April's saying that I expect too much of our son. I know a lot more about sports than she does. She say lacrosse is too violent and think Josh prefers soccer because that what *she* wants him to play. I don appreciate it when she walks out the room while I'm trying to talk t her about this. That's when I cu loose with some things that probabl should be left unsaid.

"I had a normal, uneventful childhood. My dad was a middle-level corporate manager, and my mom was a teacher. I know they truly loved each other, but they also fought a great deal; Dad used to fl into a rage without provocation. I'm the younger of two boys; Greg wa always the artistic one and I was th jock. We never got along, despite the fact that our parents supported both of us and wanted us to be close

"Dad ruled the roost, and he al ways got his way. If he was really upset, we got the belt—not often, bu enough to make us fear stepping ou of line. I remember one thing he tol me about marriage: 'Let your wif make the little decisions, but yo should make the big ones.' I don agree, and I don't think I'm as strict as my dad, though April likes to ac cuse me of being a tyrant.

Before the kids, we worked hard played hard and traveled a lot. W were in sync in every way. Now tha seems like someone else's life.

"Maybe you can explain to April that just because I get excited about things—okay, maybe too wrapped up sometimes—doesn't mean I don care about her or the kids. It's my personality. I get passionate about work or a hobby because I want to be very good at *(continued on page 36)*



S SO EXHAUSTED FROM CHEMO, I HAD TO MISS OUT ON A LOT OF THINGS.

W NOTHING KEEPS ME FROM A DAY WITH MY SON.

notherapy making you weak? You may be anemic without knowing it. Anemia is a common side effect of herapy. It means your body doesn't have enough red blood cells. This can result in symptoms like extreme ss, dizziness, or shortness of breath. However, there is an effective medicine. It's called PROCRIT® in alfa). PROCRIT is identical to a substance your body produces naturally. And it helps your body e red blood cells that can restore your energy. PROCRIT has a proven safety record. In trials, only diarrhea ema occurred more often with PROCRIT than placebo. Please see the following Prescribing Information. our doctor can prescribe PROCRIT. It's for chemotherapy patients with non-myeloid cancers. Find out ROCRIT can treat your anemia and help you get back the strength you need—*your strength for living.*

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BRIEF SUMMARY OF PRESCRIBING INFORMATION INDICATED FOR THE ANEMIA OF CHEMOTHERAPY CANCER PATIENTS TREATED WITH

PROCRIT®
EPOETIN ALFA

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For Injection

FOR FULL PRESCRIBING INFORMATION FOR ALL INDICATIONS REFER TO THE PHYSICIANS' DESK REFERENCE

INDICATIONS AND USAGE

Treatment of Anemia in Cancer Patients on Chemotherapy

PROCRIT is indicated for the treatment of anemia in patients with non-myeloid malignancies where anemia is due to the effect of concomitantly administered chemotherapy. PROCRIT is indicated to decrease the need for transfusions in patients who will be receiving concomitant chemotherapy for a minimum of two months. PROCRIT is not indicated for the treatment of anemia in cancer patients due to other factors such as iron or folate deficiencies, hemolysis or gastrointestinal bleeding which should be managed appropriately.

CONTRAINDICATIONS

PROCRIT is contraindicated in patients with:
1) Uncontrolled hypertension
2) Known hypersensitivity to mammalian cell-derived products
3) Known hypersensitivity to Albumin (Human)

WARNINGS

The multidose preserved formulation contains benzyl alcohol. Benzyl alcohol has been reported to be associated with an increased incidence of neurological and other complications in premature infants which are sometimes fatal.

PRECAUTIONS

General: The parenteral administration of any biologic product should be attended by appropriate precautions in case allergic or other untoward reactions occur (see "Contraindications"). While transient rashes have occasionally been observed concurrently with PROCRIT therapy, no serious allergic or anaphylactic reactions have been reported. The safety and efficacy of PROCRIT therapy have not been established in patients with a known history of a seizure disorder or underlying hematologic disease (e.g., sickle cell anemia, myelodysplastic syndromes, or hypercoagulable disorders).

In some female patients, menses have resumed following PROCRIT therapy; the possibility of potential pregnancy should be discussed and the need for contraception evaluated.

Hematology: Exacerbation of porphyria has been observed rarely in PROCRIT-treated patients with CRF. However, PROCRIT has not caused increased urinary excretion of porphyrin metabolites in normal volunteers, even in the presence of a rapid erythropoietic response. Nevertheless, PROCRIT should be used with caution in patients with known porphyria.

In pre-clinical studies in dogs and rats, but not in monkeys, PROCRIT therapy was associated with subclinical bone marrow fibrosis. Therefore, cancer patients should have hematocrit measured once a week until hematocrit has been stabilized, and measured periodically thereafter.

Delayed or Diminished Response: If the patient fails to respond or to maintain a response, the following etiologies should be considered and evaluated.

1) Iron deficiency: functional iron deficiency may develop with normal ferritin levels but low transferrin saturation (less than 20%), presumably due to the inability to mobilize iron stores rapidly enough to support increased erythropoiesis. Virtually all patients will eventually require supplemental iron therapy.
2) Underlying infectious, inflammatory, or malignant processes.
3) Occult blood loss.
4) Underlying hematologic diseases (e.g., thalassemia, refractory anemia, or other myelodysplastic disorders).
5) Vitamin deficiencies: folic acid or vitamin B12.
6) Hemolysis.
7) Aluminum intoxication.
8) Osteitis fibrosa cystica.

Iron Evaluation: Prior to and during PROCRIT therapy, the patient's iron stores, including transferrin saturation (serum iron divided by iron binding capacity) and serum ferritin, should be evaluated. Transferrin saturation should be at least 20%, and ferritin should be at least 100 ng/mL. Supplemental iron may be required to increase and maintain transferrin saturation to levels that will adequately support PROCRIT-stimulated erythropoiesis.

Drug Interactions: No evidence of interaction of PROCRIT with other drugs was observed in the course of clinical trials.

Carcinogenesis, Mutagenesis, and Impairment of Fertility: Carcinogenic potential of PROCRIT has not been evaluated. PROCRIT does not induce bacterial gene mutation (Ames Test), chromosomal aberrations in mammalian cells, micronuclei in mice, or gene mutation at the HGPRT locus. In male and female rats treated intravenously with PROCRIT, there was a trend for slightly increased fetal wastage at doses of 100 and 500 units/kg.

Pregnancy Category C: PROCRIT has been shown to have adverse effects in rats when given in doses five times the human dose. There are no adequate and well-controlled studies in pregnant women. PROCRIT should be used during pregnancy only if potential benefit justifies the potential risk to the fetus.

In studies in female rats, there were decreases in body weight gain, delays in appearance of abdominal hair, delayed eyelid opening, delayed ossification, and decreases in the number of caudal vertebrae in the F1 fetuses of the 500 units/kg group. In female rats treated intravenously, there was a trend for slightly increased fetal wastage at doses of 100 and 500 units/kg. PROCRIT has not shown any adverse effect at doses as high as 500 units/kg in pregnant rabbits (from day 6 to 18 of gestation).

Nursing Mothers: Postnatal observations of the live offspring (F1 generation) of female rats treated with PROCRIT during gestation and lactation revealed no effect of PROCRIT at doses of up to 500 units/kg. There were, however, decreases in body weight gain, delays in appearance of abdominal hair, eyelid opening, and decreases in the number of caudal vertebrae in the F1 fetuses of the 500 units/kg group. There were no PROCRIT-related effects on the F2 generation fetuses.

It is not known whether PROCRIT is excreted in human milk. Because many drugs are excreted in human milk, caution should be exercised when PROCRIT is administered to a nursing woman.

Pediatric Use: The safety and effectiveness of PROCRIT in children have not been established.

Cancer Patients on Chemotherapy

Hypertension: Hypertension, associated with a significant increase in hematocrit, has been noted rarely in PROCRIT-treated cancer patients. Nevertheless, blood pressure in PROCRIT-treated patients should be monitored carefully, particularly in patients with an underlying history of hypertension or cardiovascular disease.

Seizures: In double-blind placebo-controlled trials, 3.2% (N=2/63) of PROCRIT-treated patients and 2.9% (N=2/68) of placebo-treated patients had seizures. Seizures in 1.6% (N=1/63) PROCRIT-treated patients occurred in the context of a significant increase in blood pressure and hematocrit from baseline values. However, both PROCRIT-treated patients also had underlying CNS pathology which may have been related to seizure activity.

Thrombotic Events: In double-blind placebo-controlled trials, 3.2% (N=2/63) of PROCRIT-treated patients and 11.8% (N=8/68) of placebo-treated patients had thrombotic events (e.g., pulmonary embolism, cerebrovascular accident).

Growth Factor Potential

PROCRIT is a growth factor that primarily stimulates red cell production. However, the possibility that PROCRIT® (Epoetin alfa) can act as a growth factor for any tumor type, particularly myeloid malignancies, cannot be excluded.

ADVERSE REACTIONS

Cancer Patients on Chemotherapy

Adverse experiences reported in clinical trials with PROCRIT in cancer patients were consistent with the underlying disease state. In double-blind, placebo-controlled studies of up to three months duration involving 131 cancer patients on chemotherapy, adverse events with an incidence > 10% in either PROCRIT-treated or placebo-treated patients were as indicated at right.

Percent of Patients Reporting Event

Event (N=68)	PROCRIT-Treated Patients (N=63)	Placebo-Treated Patients
Pyrexia	29%	19%
Diarrhea	21%	*7%
Nausea	17%	32%
Vomiting	17%	15%
Edema	17%	1%
Asthenia	13%	16%
Fatigue	13%	15%
Shortness of Breath	13%	9%
Paresthesia	11%	6%
Upper Respiratory Infection	11%	4%
Dizziness	5%	12%
Trunk Pain	3%[2]	16%

[1] p = 0.041 [2] p = 0.069 [3] p = 0.0016 p = 0.017

Although some statistically significant differences between PROCRIT and placebo-treated patients were noted, the overall safety profile of PROCRIT appeared to be consistent with the disease process of advanced cancer. During double blind and subsequent open label therapy in which patients (N=72 for total PROCRIT exposure) were treated for up to 32 weeks with doses as high as 927 units/kg, the adverse experience profile of PROCRIT was consistent with the progression of advanced cancer.

Based on comparable survival data, and on the percentage of PROCRIT and placebo-treated patients who discontinued therapy due to death, disease progression or adverse experiences (22% and 13%, respectively; p = 0.25), the clinical outcome in PROCRIT and placebo-treated patients appeared to be similar. Available data from animal tumor models and measurement of proliferation of solid tumor cells from clinical biopsy specimens in response to PROCRIT suggest that PROCRIT does not potentiate tumor growth. Nevertheless, as a growth factor, the possibility that PROCRIT may potentiate growth of some tumors, particularly myeloid tumors, cannot be excluded. A randomized controlled Phase IV study is currently ongoing to further evaluate this issue.

The mean peripheral white blood cell count was unchanged following PROCRIT therapy compared to the corresponding value in placebo-treated patients.

OVERDOSAGE

The maximum amount of PROCRIT that can be safely administered in single or multiple doses has not been determined. Doses of up to 1,500 units/kg T.I.W. for three to four weeks have been administered without any direct toxic effects of PROCRIT itself.

Therapy with PROCRIT can result in polycythemia if the hematocrit is not carefully monitored and the dose appropriately adjusted. If the target range is exceeded, PROCRIT may be temporarily withheld until the hematocrit returns to the target range; PROCRIT therapy may then be resumed using a lower dose (see "Dosage and Administration"). If polycythemia is of concern, phlebotomy may be indicated to decrease the hematocrit.

DOSAGE AND ADMINISTRATION

Cancer Patients on Chemotherapy

Baseline endogenous serum erythropoietin levels varied among patients in these trials with approximately 75 percent (N=83/110) having endogenous serum erythropoietin levels < 132 mU/mL, and approximately 4 percent (N=4/110) of patients having baseline endogenous serum erythropoietin levels > 500 mU/mL. In general, patients with lower baseline serum erythropoietin levels responded more vigorously to PROCRIT than patients with higher erythropoietin levels. Although no specific serum erythropoietin level can be stipulated above which patients would be unlikely to respond to PROCRIT therapy, treatment of patients with grossly elevated serum erythropoietin levels (e.g., > 200 mU/mL) is not recommended. The hematocrit should be monitored on a weekly basis in patients receiving PROCRIT therapy until hematocrit becomes stable.

Starting Dose: The recommended starting dose of PROCRIT is 150 units/kg subcutaneously T.I.W.

Dose Adjustment: If the response is not satisfactory in terms of reducing transfusion requirements or increasing hematocrit after 8 weeks of therapy, the dose of PROCRIT can be increased up to 300 units/kg T.I.W. If patients have not responded adequately to a PROCRIT dose of 300 units/kg T.I.W., it is unlikely that they will respond to higher doses of PROCRIT. If the hematocrit exceeds 40%, the dose of PROCRIT should be withheld until the hematocrit falls to 36%, then the dose of PROCRIT should be reduced appropriately when treatment is resumed and repeated to maintain the desired hematocrit. If the initial dose of PROCRIT includes a weekly rapid hematocrit response (e.g., an increase of more than 4 percentage points in any 2-week period), the dose of PROCRIT should be reduced.

PREPARATION AND ADMINISTRATION OF PROCRIT

1. DO NOT SHAKE. Shaking may denature the glycoprotein, rendering it biologically inactive.
2. Parenteral drug products should be inspected visually for particulate matter and discoloration prior to administration. Do not use any vials exhibiting particulate matter or discoloration.
3. Using aseptic techniques, attach a needle to a sterile syringe. Remove the top from the vial containing PROCRIT, wipe the septum with a disinfectant, insert the needle into the vial, and withdraw into the syringe an appropriate volume.
4. **Single-dose** vial 1 mL vial contains no preservative. Use one dose per vial; do not re-enter vial. Discard unused portion.

   Single-dose, Preservative-Free vial: 1 mL (40,000 Units/mL). Each 1 mL solution contains 40,000 Units Epoetin alfa, 2.5 mg Albumin (Human), 5.84 mg sodium chloride, 1.766 mg sodium phosphate monobasic monohydrate, 0.696 mg sodium phosphate dibasic anhydrate, 0.696 mg sodium citrate, 6.8 mg citric acid monohydrate, 30 mg sodium chloride, and 6.8 mg citric acid in Water for Injection, USP (pH 6.9). This formulation contains no preservative.

   Multidose 2 mL vial contains preservative. Store at 2° to 8°C after initial puncture between doses. Discard 21 days after initial entry.
5. Do not administer in conjunction with other drug solutions.

HOW SUPPLIED

PROCRIT is available in vials containing 3,000, 4,000 or 10,000 units of Epoetin alfa in 1.0 mL of a sterile, preservative-free solution.

Each dosage form is supplied in the following packages:

Cartons containing six (6) single-dose vials:
- 2,000 Units/mL (NDC 59676-3-01) (Yellow)
- 3,000 Units/mL (NDC 59676-3-02) (Violet)
- 4,000 Units/mL (NDC 59676-3-03) (Red)
- 10,000 Units/mL (NDC 59676-3-04) (Black)

Cartons containing four (4) single-dose vials:
- 40,000 Units/mL (NDC 59676-3-05) (Orange)

Trays containing twenty-five (25) single-use vials:
- 2,000 Units/mL (NDC 59676-3-21) (Yellow)
- 3,000 Units/mL (NDC 59676-3-22) (Violet)
- 4,000 Units/mL (NDC 59676-3-23) (Red)
- 10,000 Units/mL (NDC 59676-3-24) (Black)

2 mL **Multidose, Preserved** Solution

Cartons containing six (6) **multidose** vials:
- 10,000 Units/mL (NDC 59676-3-06) (Blue)

STORAGE

Store at 2° to 8°C (36° to 46°F). Do not freeze or shake.

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(continued from page 32) whatever I'm learning. I don't mean to forget about things like car shopping—it just happens. It would be great if April would play golf with me, but she's not interested.

"I'm tired of arguing, too. We've got to find a way to discuss Elissa and everything else without disintegrating into a fight. I can't figure out why we can work well as lawyer and lawyer, but not as husband and wife."

The Counselor's Turn

"When they first came in, April and Bill actually seemed affectionate," said the counselor. "But it was a fragile peace: Accusingly, April asked Bill if he'd remembered to pick up Josh's new lacrosse helmet. He snapped at her and she stiffened. In fact, all their conversations were like dry tinder ready to catch fire, and an underlying bitterness and mistrust eroded their intimacy. Their outbursts were also affecting the children, making them tense and easily provoked into fighting with each other. But since April and Bill got along so well together in the office, I worked on helping them draw upon those skills at home.

"With her father as an example, April was convinced that men were bound to disappoint her. Only by being an overachiever could she wash away the pervasive sadness of her childhood, garner praise and shield herself from pain.

"Because April had felt that her mother wasn't interested in her, she became acutely aware of anything in her marriage that could be perceived as a slight. Whenever Bill forgot or ignored something she had said, even something as trivial as asking him to change the toilet-paper roll, she saw it as a personal attack.

"Usually loving and thoughtful, Bill could erupt with surprising nastiness. Yet most of the time, he was genuinely unaware of how controlled April felt by his anger and how his outbursts hurt his children. Although he insisted at first that his had been an average family, discussions soon revealed that he and his father were very much alike: prone to unexpected rages and harshly critical when their wives disagreed with them.



"You need to approach your children as partners," said the counselor. "Figure out what's right about what your spouse is saying"

"Anger is a valuable way to identify a problem, but harmful when used to handle one. 'For the time being, there must be zero tolerance for angry outbursts in your home,' I told this couple. 'You cannot afford to interact when you are feeling even the slightest bit mad. By leaving the room temporarily to cool down, you'll be better able to communicate respectfully and effectively later on.' April admitted, 'Taking a breather helped me recognize that our fights over the toilet paper were about just that—toilet paper, and nothing else.'

"Another technique that work[ed] for them was to say, 'Hold th[at] thought,' when the other person w[as] trying to change the subject. If th[ey] wanted, they could go back to th[at] second issue later, but many tim[es] they didn't need to.

"These two also had to chan[ge] their belief that if one spouse w[as] right, the other *had* to be wron[g]. 'You need to approach your chi[l]dren as partners,' I said. 'You ca[n]not order anyone to think the way y[ou] do, so stop acting like a debat[er] ready to pounce on what's wron[g]. Instead, acknowledge that you ma[rry] ried an intelligent person who[se] opinions you respect. Figure o[ut] what's right about what your spou[se] is saying, and add your view to [it] like two pieces of a puzzle.'

"In time, Bill learned the value [of] considering both points of view, an[d] April learned the importance of h[is] opinions. They found this usef[ul] when they had to make a big dec[i]sion about Elissa's career. Her lon[g]time coaches were not equipped [to] take her to the elite level; howeve[r] the best coach in the state w[as] a two-hour drive away, whic[h] meant even more juggling of sched[ules]. So Bill and April talked it ov[er] with Elissa, and they all agreed on [a] plan of action.

"Three days a week, April drive[s] Elissa to the new tennis club. Th[e] other three days, Bill takes her, an[d] then plays golf until her lessons ar[e] done. April has also been takin[g] Josh to lacrosse practice. He gen[u]inely enjoys the sport, as doe[s] April, now that she understands [it] better. After Elissa comes home, th[e] family eats, and then they talk o[ver] else the kids do homework for th[e] rest of the night.

"As the tension between Bill an[d] April has ebbed, so has their children's squabbling. 'I overheard Josh tellin[g] Elissa, "Hold that thought. . . ."' re[-]called Bill at one of our final session[s]. 'It's amazing how much they lear[n] about getting along from us.'" ■

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Important Information:

Glucovance is not for everyone. In rare cases, Glucovance or Glucophage may cause lactic acidosis. If it occurs, it can be fatal in up to half the cases. Lactic acidosis occurs mainly in people whose kidneys are not functioning properly. You should not take these drugs if you: have kidney problems, are 80 or older (unless you have your kidneys tested), are taking medication for heart failure, are seriously dehydrated, have a severe infection, have a history of liver disease or drink alcohol excessively.

The most common side effects are normally minor ones such as diarrhea, nausea, and upset stomach. Symptoms of hypoglycemia (low blood sugar), such as lightheadedness, dizziness, shakiness, or hunger may also occur.
Please see additional important patient information on the next page.

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Rx Only

PATIENT INFORMATION ABOUT GLUCOVANCE™

(Glyburide and Metformin HCl Tablets)

WARNING: A small number of people who have taken metformin hydrochloride have developed a serious condition called lactic acidosis. Properly functioning kidneys are needed to help prevent lactic acidosis. Most people with kidney problems should not take GLUCOVANCE. (See Question Nos. 9-13.)

Q1. Why do I need to take GLUCOVANCE?
Your doctor has prescribed GLUCOVANCE to treat your type 2 diabetes. This is also known as non-insulin-dependent diabetes mellitus.

Q2. What is type 2 diabetes?
People with diabetes are not able to make enough insulin and/or respond normally to the insulin their body does make. When this happens, sugar (glucose) builds up in the blood. This can lead to serious medical problems including kidney damage, amputations, and blindness. Diabetes is also closely linked to heart disease. The main goal of treating diabetes is to lower your blood sugar to a normal level.

Q3. Why is it important to control type 2 diabetes?
The main goal of treating diabetes is to lower your blood sugar to a normal level. Studies have shown that good control of blood sugar may prevent or delay complications such as heart disease, kidney disease, or blindness.

Q4. How is type 2 diabetes usually controlled?
High blood sugar can be lowered by diet and exercise, by a number of oral medications, and by insulin injections. Before taking GLUCOVANCE you should first try to control your diabetes by exercise and weight loss. Even if you are taking GLUCOVANCE, you should still exercise and follow the diet recommended for your diabetes.

Q5. Does GLUCOVANCE work differently from other glucose-control medications?
Yes it does. GLUCOVANCE combines two glucose lowering drugs, glyburide and metformin. These two drugs work together to improve the different metabolic defects found in type 2 diabetes. Glyburide lowers blood sugar primarily by causing more of the body's own insulin to be released, and metformin lowers blood sugar, in part, by helping your body use your own insulin more effectively. Together, they are efficient in helping you achieve better glucose control.

Q6. What happens if my blood sugar is still too high?
When blood sugar cannot be lowered enough by GLUCOVANCE your doctor may prescribe injectable insulin or take other measures to control your diabetes.

Q7. Can GLUCOVANCE cause side effects?
GLUCOVANCE, like all blood sugar-lowering medications, can cause side effects in some patients. Most of these side effects are minor. However, there are also serious, but rare, side effects related to GLUCOVANCE (see **Q9 - Q13**).

Q8. What are the most common side effects of GLUCOVANCE?
The most common side effects of GLUCOVANCE are normally minor ones such as diarrhea, nausea, and upset stomach. If these side effects occur, they usually occur during the first few weeks of therapy. Taking your GLUCOVANCE with meals can help reduce these side effects.
Less frequently, symptoms of hypoglycemia (low blood sugar), such as lightheadedness, dizziness, shakiness, or hunger may occur. The risk of hypoglycemic symptoms increases when meals are skipped, too much alcohol is consumed, or heavy exercise occurs without enough food. Following the advice of your doctor can help you to avoid these symptoms.

Q9. Are there any serious side effects that GLUCOVANCE can cause?
GLUCOVANCE rarely causes serious side effects. The most serious side effect that GLUCOVANCE can cause is called lactic acidosis.

Q10. What is lactic acidosis and can it happen to me?
Lactic acidosis is caused by a buildup of lactic acid in the blood. Lactic acidosis associated with metformin is rare and has occurred mostly in people whose kidneys were not working normally. Lactic acidosis has been reported in about one in 33,000 patients taking metformin over the course of a year. Although rare, if lactic acidosis does occur, it can be fatal in up to half the cases.

It's also important for your liver to be working normally when you take GLUCOVANCE. Your liver helps remove lactic acid from your bloodstream.

Your doctor will monitor your diabetes and may perform blo[od] you from time to time to make sure your kidneys and your live[r] tioning normally.
There is no evidence that GLUCOVANCE causes harm to the k[id]ney liver.

Q11. Are there other risk factors for lactic acidosis?
Your risk of developing lactic acidosis from taking GLU[CO] (Glyburide and Metformin HCl Tablets) is very low as long as yo[ur] and liver are healthy. However, some factors can increase o[ur] because they can affect kidney and liver function. You shou[ld] your risk with your physician.
You should not take GLUCOVANCE if:
- You have chronic kidney or liver problems
- You have congestive heart failure which is treated with m[ed] e.g., digoxin (Lanoxin®) or furosemide (Lasix®)
- You drink alcohol excessively (all the time or short-term "binge dr[in]
- You are seriously dehydrated (have lost a large amount of bo[dy] [wa]
- You are going to have certain x-ray procedures with injectable co[n] agents
- You are going to have surgery
- You develop a serious condition such as a heart attack, se[ve] tion, or a stroke
- You are ≥80 years of age and have NOT had your kidney funct[ion]

Q12. What are the symptoms of lactic acidosis?
Some of the symptoms include: feeling very weak, tired or unco[m] unusual muscle pain, trouble breathing, unusual or unexpected [co] discomfort, feeling cold, feeling dizzy or lightheaded, or sudde[nly] oping a slow or irregular heartbeat.
If you notice these symptoms, or if your medical condition has[su] changed, stop taking GLUCOVANCE tablets and call your d[oc] away. Lactic acidosis is a medical emergency that must be tr[ea]te hospital.

Q13. What does my doctor need to know to decrease my risk of la[c] dosis?
Tell your doctor if you have an illness that results in severe vom[it] rhea, and/or fever, or if your intake of fluids is significantly reduc[ed]. situations can lead to severe dehydration, and it may be nec[es] stop taking GLUCOVANCE temporarily.
You should let your doctor know if you are going to have any [ra] specialized x-ray procedures that require injection of contra[st] GLUCOVANCE therapy will need to be stopped temporaril[y] in instances.

Q14. Can I take GLUCOVANCE with other medications?
Remind your doctor that you are taking GLUCOVANCE when [a] drug is prescribed or a change is made in how you take a dr[ug] prescribed. GLUCOVANCE may interfere with the way some d[rug] and some drugs may interfere with the action of GLUCOVANCE

Q15. What if I become pregnant while taking GLUCOVANCE?
Tell your doctor if you plan to become pregnant or have becc[ome] nant. As with other oral glucose-control medications, you shoul[d] GLUCOVANCE during pregnancy.
Usually your doctor will prescribe insulin while you are pregnan[t]. A all medications, you and your doctor should discuss the use of [GLU] VANCE if you are nursing a child.

Q16. How do I take GLUCOVANCE?
Your doctor will tell you how many GLUCOVANCE tablets to [take] how often. This should also be printed on the label of your pre[scr] You will probably be started on a low dose of GLUCOVANCE [and] dosage will be increased gradually until your blood sugar is co[ntr]

Q17. Where can I get more information about GLUCOVANCE?
This leaflet is a summary of the most important information ab[out] COVANCE. If you have any questions or problems, you shou[ld] your doctor or other healthcare provider about type 2 diabetes [and] GLUCOVANCE and its side effects. There is also a leaflet (packa[ge] written for health professionals that your pharmacist can let yo[u]

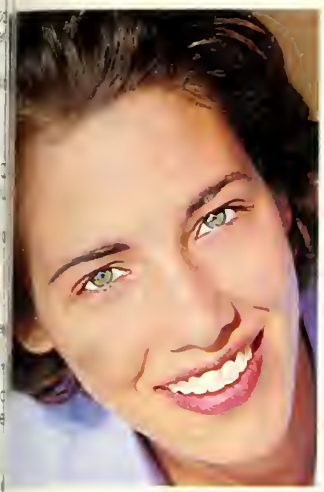
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And baby makes four: (from left) Gloria, Alicia and Eli, and Kara

three sisters one baby

Alicia Weaver was twenty-seven when she was diagnosed with leukemia. Her sisters saved her life—and gave her the family she'd always dreamed of

By Hallie Levine

Although Alicia Weaver was busy commuting from her home in Rahway, New Jersey, to New York City to complete her master's degree in counseling at New York University, she still managed to stay close with her sisters, Kara, then thirty, and Gloria, thirty-one. But on June 24, 1993, Alicia had sudden chest pains and went to the emergency room. That hospital visit triggered a chain of events that brought the three sisters closer together than ever.

Alicia: The doctors at the hospital could find nothing wrong with me, and attributed my chest pains to a heart murmur. But the results from routine blood work revealed that my white-blood-cell count was high. I stayed in the hospital for more testing, and three days later, I was diagnosed with chronic myeloid leukemia (CML), a cancer of the blood. In just a second, my whole life changed: My husband, Philip, and I wanted to buy a house and have kids—something I had dreamed about since I was a little girl—but now we worried about whether I would survive.

Several specialists recommended chemotherapy, but after doing lots of research, I knew it could destroy my chances of having a baby. The doctors were baffled that I would put this concern over my recovery. Finally, Gregory Berk, M.D., an oncologist at Weill Medical College, Cornell University, in New York City, told me that I could freeze my embryos in case the therapy made me infertile. Philip and I did that in August 1993, and then I started treatment th combined interferon, an immun boosting therapy, and chemo.

Although the treatment stoppe the progression of my cancer, didn't bring a full remission. So i September 1994, I decided to tak the one chance that could save m life. At the time, the only know cure for CML was a bone-marro transplant, in which the marrow an the cancer cells it contains are de stroyed by chemotherapy and re placed with healthy marrow from donor. The procedure can have fat complications, but now it was m only hope. My entire family was tes ed to see if anyone was a match, bu Kara and I both had a gut feeling th she would be the one. (continue

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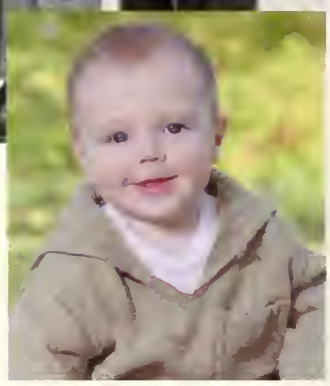
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(continued) The tests revealed that our instincts were right. Dr. Berk referred me to Seattle's Fred Hutchinson Cancer Research Center, the country's top transplant center.

Kara: I flew to Seattle for preliminary tests on September 20, 1994. I was excited. There's something beautiful in knowing that you have the ability to save your sister. But I was also fearful: If the transplant didn't work, would that mean I'd failed her?

Alicia: When I checked in on October 9, I couldn't help worrying about Kara, who was in another part of the hospital having surgery to remove her bone marrow.

Kara: Alicia worried, but I wasn't even nervous; the anesthesiologist told me I was the calmest person he'd ever seen. Then, bam, I was out. The next thing I knew, my niece, Rachel, was hugging me.

Alicia: After what seemed like an eternity, a nurse wheeled Kara into my room. Although she was groggy, she managed to flash me a grin. Then the doctor started the transplant, which is somewhat like a blood transfusion. It was painful, but as I watched Kara's bone marrow drip into my body, I felt a healing energy. My family even sang "Happy Birthday" to me—they viewed the transplant as a rebirth.

The next three weeks were a blur. I started experiencing acute graft-versus-host disease, in which immune cells in the donated tissue start rejecting the patient's own organs. I was constantly nauseated and was given extra fluids to prevent dehydration. Meanwhile, Philip's father was dying of cancer. Philip was always by my side, but I felt guilty that I was another problem for my husband to worry about. Finally, the hospital's chaplain gave me valuable advice. "You can't fight this alone," he said. "Relax and let everybody around you love you." Once I started accepting help from my family and friends, my health gradually began to improve.

Kara: We visited Alicia regularly after the transplant, but I'll always remember November 4. My mother was reading my sister's medical chart. She started clapping and said, "Alicia, your blood count is improving!" "What does that mean?" Alicia asked groggily. Mom said, "You don't have leukemia anymore." Alicia turned to me and murmured, "Thank you." "For what?" I asked. "For saving my life," she answered.

"The doctors had devastating news," Alicia says. "The chemo had made me infertile"

Unfortunately, Alicia and I weren't totally healthy yet. The left side of my back, where they'd removed the bone marrow, became infected and I developed a low-grade fever. Although it's a common complication, I had to stay away from the hospital because the doctors worried that I could pass a virus to Alicia. I understood, but was upset; I felt a little left out while everyone focused on my sister.

Alicia was released from the hospital on November 9, and made outpatient visits until January 10, 1995. She needed immuno suppressive drugs for another year.

Alicia: I developed another case of chronic graft-versus-host disease and often experienced rashes. I was still battling fatigue from the transplant, but by March of the following year, I was strong enough to begin working as a career counselor.

Kara: When Alicia went back to work, I knew she'd turned a corner. I was so grateful that I had a chance to help my sister. If I found out I were a match for someone else, I'd donate again in a heartbeat.

Alicia: At my five-year remission checkup, doctors pronounced me cancer-free, but they also had devastating news: The chemo had made me infertile. I could be artificially inseminated with the embryos I had frozen before my chemotherapy, but Dr. Berk strongly recommended against it. Experts don't know why, but pregnancy can cause a relapse of CML. For years, the dream of having children had helped me through the pain of treatment and now that hope was gone.

Philip and I started looking into adoption. Then Gloria said, "I'll carry your child for you." She was willing to be artificially inseminated with one of my frozen embryos *(continued)*

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THREE SISTERS, ONE BABY

Continued

(which had been fertilized by Philip's sperm), so that we could have a baby.

Gloria: Kara and I had hoped Alicia would be able to carry her own baby, but we suspected that it might be too dangerous for her. I knew Alicia and Philip would be great parents, which made my decision that much easier.

Alicia: My first instinct was to refuse—it was too much to ask. But Gloria persisted. I'll never forget the day she came to me crying and said, "Let me give you this gift, please." She was so sincere that my reservations vanished. We decided to try it once. If it didn't work, Philip and I would adopt.

Gloria: I knew I'd made the right choice, but I still had some anxious moments. My daughter, Rachel, then ten, had just had surgery to reconstruct her chest cavity (a follow-up operation to her open-heart surgery years ago), and as a divorced single mom, I wondered if I was taking on too much. But I never go back on my word.

Doctors implanted three embryos into Gloria's uterus. Two weeks later, Gloria, Alicia and Philip found out that the procedure was a success.

Gloria: The implantation was the only part of the pregnancy that went smoothly. I had morning sickness for months! While I was moaning, Alicia kept saying, "I wish it were me!" The baby also decided to sit on my sciatic nerve the last two months of the pregnancy, causing excruciating back pain.

Alicia: I have to admit, I worried that the baby would be more attached to Gloria than to me. But I was also constantly amazed as her belly grew.

Gloria: I could tell how badly Alicia wanted to carry Eli. When I called to tell her about his first kicks, I heard her choke up over the phone.

Alicia: We had one other hurdle during the pregnancy. The state of New Jersey gave legal rights to the birth mother. So, although I was the biological mother, I would have to adopt my own child. But Gloria and I hired Melissa Brisman, a lawyer in Montvale, New Jersey, and we fought the law and won. We set a precedent in New Jersey: My name would be on the baby's birth certificate.

After that, I couldn't wait fo baby to come. Gloria decided duce the birth on April 13, 2 grew more nervous as that da proached. Although the chan complications was small, what if thing happened to my sister? turned out, it was a difficult Gloria was in labor for twelve and eventually had a cesarean sec held her hand the entire time.

Finally I looked up and sa doctor holding my son, Eli. W held him, it was like no other in the world. I'd been around babies, so I thought I would what it felt like, but this was in ble. I knew right away he w child. I felt a warm rush of lov was almost painful. Any worries about us bonding vanished.

Gloria: After the birth, I had n grets. I liked holding Eli, but I more pleasure in seeing the lo my sister's face. She'd waite whole life for this moment, and thrilled to be able to give it to her

People ask me if I feel a sp bond with Eli. Surprisingly, I I do want to cuddle him, but that way about every baby I s thought that Eli would recogniz voice, but he doesn't respond t the way that he does to Alicia.

I saw Eli's birth as a new begi for our family. Rachel is healthy, healthy, Alicia is healthy. I be God doesn't give you more tha can handle, and we've had enc Now we can just focus on be healthy, happy family.

Alicia: I still look at Eli and marve he's mine. Every day I think of lucky I am to have such a mirac my life. I'm also thankful to have such a wonderful support netw my family and my husband. Kara Gloria gave me my life and my Every sister should be so lucky.

For more information on cancer treatm call the National Cancer Institute at 8 422-6237. To volunteer to be a bone-marrow donor, call the National Marr Donor Program at 800-627-7692.

Hallie Levine is a reporter for The Ne York Post.

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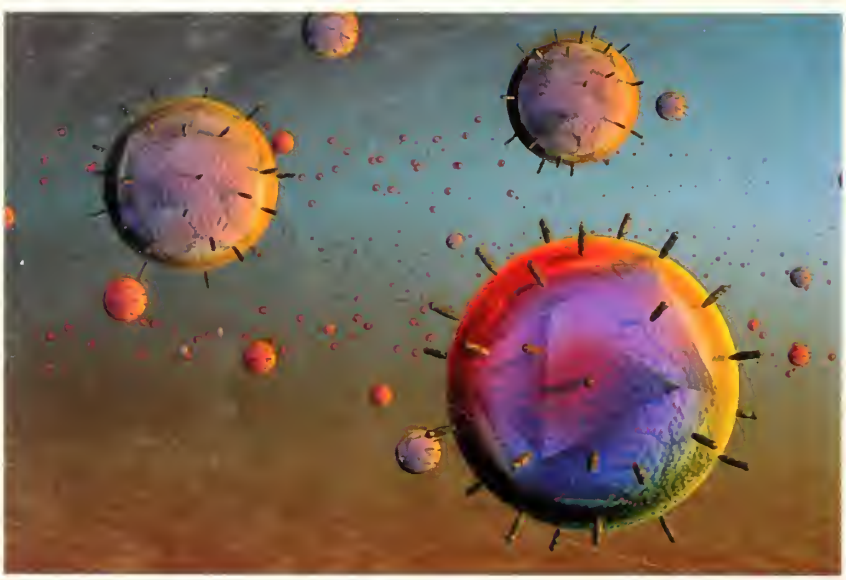
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EVER HAD A C-SECTION?

ONE QUARTER OF A MILLION WOMEN ARE AT RISK FOR HEPATITIS C AND DON'T EVEN KNOW IT

By Lisa Collier Cool



Symptoms of the disease are so vague that they can easily be overlooked

If you have a child aged nine or older who was delivered by cesarean section, you may be harboring a deadly disease.

Hepatitis C (HCV), a virus that attacks the liver, typically strikes people in their twenties and thirties, although symptoms often don't appear until years, even decades, later. Currently, some one million women are affected. More chronic and less treatable than hepatitis A or B, HCV is contracted through exposure to infected blood or, much less frequently, through sex. Symptoms are either nonexistent or so vague—fatigue, aches, loss of appetite or abdominal discomfort—that they easily can be overlooked or mistaken for other ailments. Relatively little was known about the virus until recently.

Prior to 1992, when a reliable screening test for the nation's blood supply was developed, HCV-tainted blood was unwittingly used in some transfusions. Amazingly, thousands of women who had cesarean sections during that time may not even be aware that they had transfusions, much less that infected blood may have been involved. The Society for Women's Health Research (SWHR), in Washington, D.C., reports that before 1992, only 25 percent of women who received blood during C-sections were told about it afterward. The organization estimates that up to 250,000 American women may have contracted HCV this way.

Unfortunately, the disease may be harder to detect in women, reports Gale Fiarman, M.D., a clinical instructor of gastroenterology at Harvard Medical School. Women are more likely to have little or no *(continued)*

Risk factors

- Having received a blood transfusion (perhaps during a cesarean section) prior to 1992
- Having received a blood product for clotting problems prior to 1987
- Having received an organ transplant prior to 1992
- Having been on long-term kidney dialysis
- Injecting illegal drugs, even once
- Occupational exposure to blood or an injury from a nonsterile syringe
- Sharing personal items (razors, toothbrushes) with an infected person
- Having unprotected sex with multiple partners
- Getting a tattoo or body piercing


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(continued) elevation of liver enzymes in a standard blood test. As a result, doctors may not order a test for HCV. Missing the diagnosis can be dangerous: HCV kills ten thousand Americans—around one third of them women—annually, a number that may triple over the next twenty years.

There's no vaccination to prevent hepatitis C, though two drugs are available to treat it: interferon (an immune-system booster) and ribavirin (a virus-combating drug). But only 5 to 10 percent of those who take interferon alone, and about 40 to 50 percent of those who take both drugs, go into remission for a year or more.

Still, HCV isn't necessarily a death sentence: About 15 percent of those who contract the virus manage to fight it off, and of those who don't, 80 percent are spared significant liver damage. The other 20 percent go on to develop serious liver disease and some may require an organ transplant.

Coping with such a life-threatening illness takes courage, support and often online help, as these patients explain.

C-SECTION INFECTION

When Debbie Pearce, now thirty-seven, began feeling tired and run-down nine years ago, she didn't see any reason to worry. The Modesto, California, woman had recently had her second baby, so a little fatigue was to be expected. Over the next five years, however, the symptoms gradually worsened, and Debbie finally consulted her family doctor. The diagnosis of hepatitis C came as a shock.

Debbie later learned that she had been infected through the transfusion she received when her first child, Joey, was born by an emergency cesarean section in 1987. (Debbie was told she had been given blood.) Her doctor was astonishingly misinformed about the disease, she says. "He said I shouldn't hug my children, and sex with my husband was out of the question. I went home crying." Debbie was especially terrified that her daughter, Jaime, might have been infected at birth.



Testing for hepatitis C wasn't available until 1992

What Debbie—and her doctor—didn't know is that HCV is not spread by touching or kissing. The risk of infection through sex or childbirth is also very low. Debbie was relieved.

So far, her health remains relatively good, and she takes no medication. Her doctors say her chances for a normal life expectancy are excellent. She continues to work full-time as a sales manager for a security company, but she tires easily. Understandably fearful about the future, Debbie shares her feelings with cyberbuddies on two Internet support groups for HCV sufferers.

Last year, Debbie turned to friends when a rise in her liver enzymes necessitated a biopsy to check for damage. "The encouraging e-mails I received helped me through this crisis," says Debbie. "People sent messages like 'Hang in there' and 'We're praying for you.'" Luckily, the biopsy was clear.

Bolstered by the support of her family and online friends, Debbie is reaching out herself. "Since I've had the virus for twelve years without any severe symptoms or disabilities, I can offer sympathy and hope," she says.

IN SICKNESS AND IN SICKNESS

When Susan and John*, both thirty-six, promised to take each other for better or worse, neither of them realized that those vows would be tested to the limit.

When Susan told her doctor she was chronically tired, often felt dizzy and had inexplicably gained

*Names have been changed.

"[When I received the diagnosis], my doctor said I shouldn't hug my children," says one woman

thirty-four pounds in just eighteen months, "She said it was stress, and put me on antidepressant and anti-anxiety drugs," recalls Susan.

In August 1998, John developed blastomycosis, a rare lung infection. When routine blood work indicated a high level of liver enzymes unrelated to his lung problem, John's doctor performed further tests and diagnosed HCV. "The doctor said it wasn't anything major, so I didn't get too upset," says John.

When Susan went online that night to learn more, she was shocked to discover how serious HCV really is. "I didn't know what to think because John had no symptoms," she says. (Like 10 percent of patients, he also has no known risk factors.) Susan went back to her doctor and insisted on being tested for the virus. Sure enough, she was positive, too.

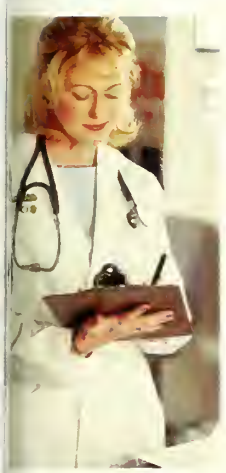
A biopsy showed that Susan's liver was badly scarred. The couple underwent testing last year to determine whether they contracted the disease from each other, and it appears that they didn't. Susan's only risk factor was getting a tattoo as a teen.

So far, John's liver-function tests show no damage, and he feels as healthy as ever. But Susan's doctor advised her to start taking a combination of interferon and ribavirin to prevent cirrhosis of the liver, a serious complication of HCV.

Susan turned to an online group that helped sustain her during the painful treatment. She needed that consolation, especially after tests later revealed that the treatment had failed and the virus had returned. *(continued)*

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EVER HAD A C-SECTION?

Continued

Susan saves her favorite e-mails to read when she's feeling blue. One woman wrote, "You're NOT alone in your struggle. Just keep your chin up; in due time, other meds will come. I have faith that better things will see us through."

Her e-friend may be right: One new treatment, pegylated interferon, seems especially promising. The drug is a longer-acting form of interferon with fewer side effects, and it's expected to win FDA approval later this year.

REGAINING HOPE

"Ironically, tainted blood saved my life," says Cynthia Sanford of San Diego. Twelve years ago, Cynthia was involved in a serious car crash that left her with a head injury, spinal fractures and internal bleeding. Surgery pulled her from the brink of death, but the transfused blood was contaminated with hepatitis C.

Not until 1995—seven years after the accident—did Cynthia notice that something was wrong. Barely able to drag herself to the college classes she was taking, she went to the doctor for tests. A week later, she learned she had HCV.

Through her own research, Cynthia, now thirty-one, discovered that the disease "is more of a life sentence than a death sentence," she says. "I wasn't going to die the next day, but I might be ill for a long time." She pr ed not to take interferon, becaus sh and her husband wanted to start a m ily, and the drug is not recomme de for pregnant women.

About two years after Cynt a son was born, she and her hus n divorced. Luckily, the boy is H V free, and Cynthia is able to car fo him full-time with the help of c l support and alimony payments.

Though she doesn't have the t or energy to go to support groups considers the Internet a lifeline. A e ago, her doctor found that her was inflamed, and advised her to t a clinical trial at the University of fornia, San Diego, comparing new standard HCV drugs at var dosages. Cynthia consulted her c puter friends for advice. "One said that the medications make feel like crap, but I should partic in the trial anyway," says Cyn "That sounded awful, but other pe encouraged me to go for it."

Cynthia's clinical trial lasted a Since then, her symptoms, as we the virus, have disappeared. She "The doctors are now saying th have an eighty-percent chance f cure—not a remission, but a com recovery! I'm no longer waiting the bomb to drop; I'm starting to as if I have a future." ■

Lisa Collier Cool has written for Self, Child and many other publications.

getting help

Your doctor should check your liver enzyme level if you have any of the risk factors for hepatitis C (see box on page 46). Make sure you get the results; call the doctor's office if necessary. Even if your enzyme levels are normal, you may want to request to be tested specifically for the virus.

- **If you or someone you care about is affected by hepatitis C, contact the American Liver Foundation at 800-465-4837 (www.liverfoundation.org) to ask about support groups in your area.**
- **Support is also available online. Go to *www.deja.com/usenet/* and search for alt.support.hepatitis-c and sci.med.diseases.hepatitis. In addition, check out Web sites, such as *http://nationalhepatitis-c.org* and *www.drkoop.com*.**
- **On an online mailing list, you can communicate with all the members; one example is *http://home.texoma.net/~moreland/patient/online.html*. Two other hepatitis mailing lists, liversupport-l and 4liver, can be found at *www.onelist.com*.**
- **There are several chat-room links at *http://hepatitis-central.com* or *www.hepatitisneighborhood.com*.**

—L.C.C.

These ears have heard . . .





Joyful giggles of grandchildren. Sweet echoes of 'I love you.' A morning's breeze.

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*Individual results may vary. Complete clinical test results available on request.

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By Anna Roufos



Nix Negative Thinking

Do you find people who see the silver lining in every cloud kind of nauseating? It's time you lose the downer attitude, say experts. According to a growing amount of research, a pessimistic outlook can take a huge toll on your health.

This may be because pessimists are not as good as optimists at handling stress, which taxes the immune system and causes other health problems, such as high blood pressure. "Optimists go into situations with more confidence, so events seem less threatening and stressful," explains Shelley Taylor, Ph.D., a professor of psychology at the University of California, Los Angeles. And in situations where stress is unavoidable, she says, "Positive thinkers also have stronger coping methods."

Looking at the bright side may also lead to a longer life. Researchers at the Mayo Clinic gathered the results of a personality test taken thirty years ago. When they followed up with 839 test takers, they found that those who were pessimists had a 19 percent increased risk of death. Studies of HIV patients also have found that the health of optimists doesn't decline as rapidly.

Fortunately, even a confirmed negativist can change. To start, Margaret A. Chesney, a professor of medicine at the University of California, San Francisco, who has studied optimism in chronically ill patients, recommends using a trick called creative accounting. Keep a mental checklist of all the good things that happen to you. Simply focusing on the positive can boost your mood.

You can also try to avoid what Susan C. Vaughan, M.D., an assistant professor of psychiatry at Columbia University, in New York City, calls upward comparison. There will always be someone prettier or wealthier, but constantly comparing yourself to them will leave you feeling down and envious, says Vaughan.

Finally, recognize how your mood affects your outlook. Optimists know that if they are in good spirits, their day-to-day experiences and interactions are more positive. So see if you can muster a smile. The result might be a happier—and healthier—you.

BODY BRIEFS

Protect Your Gums

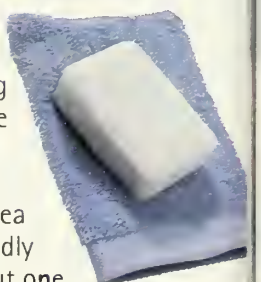
A study in the *Journal of Periodontology* found that people who got less than the recommended 60 mg per day of vitamin C (about one orange) had nearly one and a half times **greater risk of developing severe gum disease** than those who consumed three times the RDA (more than 180 mg).



Your Nose Knows

Although the jury is still out on whether zinc lozenges can help fight a cold, a study published in the *Ear, Nose and Throat Journal* found that Zicam, an over-the-counter zinc nasal spray gel, **shortened the duration of a cold by as much as a week** if taken within twenty-four hours after onset. It sells for about $12 at drugstores.

Caught!



Even though frequent hand-washing is the first line of defense against colds, the flu, diarrhea and some deadly diseases, about **one in three adults still sneaks out of public rest rooms without pausing at the sink.** Experts recommend scrubbing with soap for at least fifteen seconds.

because... they're still working
on a cure for
the common cold...

...thank goodness for



Use Kleenex ColdCare tissues with three germ-blocking layers to help keep germs where they belong.

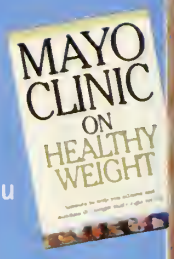


Trend Watch

What's new in fitness for 2001? Exercise enthusiasts are finding creative ways to stay in shape without becoming bored silly. Check out this hot list:

- **Power Pilates.** A more intense version of the popular stretching and strengthening workout. The fast moves keep the heart rate up.
- **Ballet classes.** Not only does ballet improve flexibility, it's also a good weight-bearing exercise, protecting against osteoporosis and strengthening the back, abdominals and legs. It burns about 360 calories per hour.
- **Snowbiking.** Picture this: no wheels or pedals, a lightweight frame that rests on two foot-long skis that attach to ski boots. Unlike skiing, this sport is easy on the knees and back, but still gives quadriceps a good workout.
- **Group classes** that combine diverse activities such as yoga and weight lifting. Not only do you get two workouts in one, but stretching between weight sets can help you build muscle faster.
- **Water-fitness programs**, such as tai chi and water dance, are great cardio and resistance workouts, and they are easier on the joints than their land-based counterparts.

A Weight-Loss Must-Read



Just in time for resolution season, a new plan from the renowned Mayo Clinic can help you lose weight and develop healthier eating habits. The plan, from the book *Mayo Clinic on Healthy Weight* (Kensington Publishing, 2000. To order, call 800-763-6393), is based on the concept of energy density—the less dense the food, the more difficult it is to consume large portions. Therefore, the diet emphasizes low-calorie foods—fresh vegetables, fruits, pasta, potatoes and rice—that make you feel full without eating a ton. So fill up your snack bowls with complex carbs, fruits and vegetables. Your portion sizes may decrease, but so will your appetite.

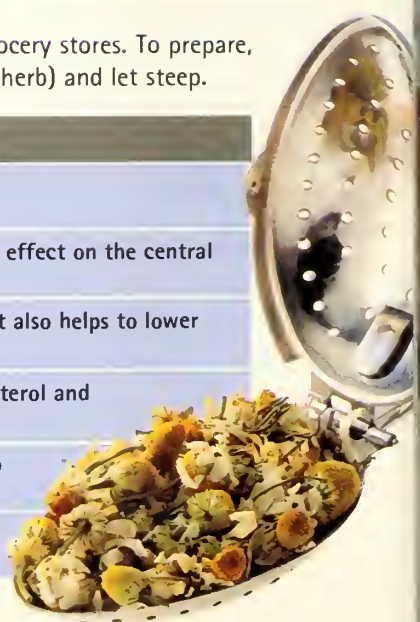
—Christina Orlovsky

Tea Time

This winter, warm up with these healing brews, available at health-food and grocery stores. To prepare, pour 1 cup boiling water over 1 teaspoon dried herb (or 2 to 3 teaspoons fresh herb) and let steep.

TEA	WHAT IT DOES
Chamomile	Acts as an anti-inflammatory and sedative; a good digestive aid
Passionflower	Helps reduce anxiousness and promote sleep, thanks to its calming effect on the central nervous system; also used to relieve menstrual cramps
Green tea	Research shows that this herb may protect against some cancers. It also helps to lower cholesterol, reduce dental cavities and promote liver health
Ginger	Helps ease nausea and aid digestion; also may help to lower cholesterol and blood pressure; functions as an anti-inflammatory
Thyme	Its strong antibacterial properties help fight colds and the flu; also quiets coughs and reduces sinus pressure
Peppermint	Relieves stomach pain, heartburn, gas, nausea, fever, colds and the flu

SOURCE: MINDY GREEN, DIRECTOR OF EDUCATION FOR THE HERB RESEARCH FOUNDATION, IN BOULDER, COLORADO.



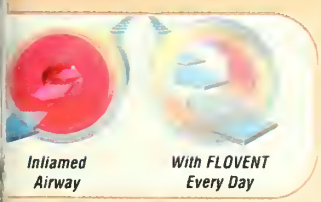
s your sthma eally nder ontrol?

re you still wheezing nd coughing?

o you still wake up hort of breath?

o you still use your fast-acting nhaler more than twice a week?

you're questioning ur asthma control, k your doctor out FLOVENT.





Help take control with FLOVENT

Used twice a day, every day, FLOVENT helps reduce the inflammation in your airways—the very inflammation that causes shortness of breath, wheezing, and asthma attacks. Because FLOVENT helps control the inflammation that causes asthma symptoms in the first place, it actually helps improve lung function over time.

Side effects with FLOVENT are generally mild. The most common side effects in medical studies of patients using FLOVENT up to 220 mcg twice daily were: headache (17% - 22%), upper respiratory infection (15% - 22%), nasal congestion (8% - 16%), sore throat (10% - 14%), sinusitis (3% - 6%), and influenza (3% - 8%).

Important Information About FLOVENT

FLOVENT won't replace fast-acting inhalers for sudden attacks. It's important to be careful if your doctor switches you to FLOVENT, an inhaled steroid, from an oral steroid like prednisone. While adjusting to the decreasing doses of prednisone, your body is not as able to heal after surgery, infection, or serious injury. Indicated for patients 12 years and older. See your doctor if your asthma does not improve.

ASK YOUR DOCTOR whether FLOVENT is right for you. For more information call ***1-800-8-FLOVENT.***



FloVent® 44 mcg 110 mcg
(fluticasone propionate) Inhalation Aerosol

Now this is asthma control!

ww.asthmacontrol.com

Please see important information on adjacent page.

GlaxoWellcome

BRIEF SUMMARY

FLOVENT® 44 mcg
(fluticasone propionate, 44 mcg)
Inhalation Aerosol

FLOVENT® 110 mcg
(fluticasone propionate, 110 mcg)
Inhalation Aerosol

FLOVENT® 220 mcg
(fluticasone propionate, 220 mcg)
Inhalation Aerosol

For Oral Inhalation Only

The following is a brief summary only; see full prescribing information for complete product information.

CONTRAINDICATIONS: FLOVENT Inhalation Aerosol is contraindicated in the primary treatment of status asthmaticus or other acute episodes of asthma where intensive measures are required.

Hypersensitivity to any of the ingredients of these preparations contraindicates their use.

WARNINGS:

Particular care is needed for patients who are transferred from systemically active corticosteroids to FLOVENT Inhalation Aerosol because deaths due to adrenal insufficiency have occurred in patients with asthma during and after transfer from systemic corticosteroids to less systemically available inhaled corticosteroids. After withdrawal from systemic corticosteroids, a number of months are required for recovery of hypothalamic-pituitary-adrenal (HPA) function.

Patients who have been previously maintained on 20 mg or more per day of prednisone (or its equivalent) may be most susceptible, particularly when their systemic corticosteroids have been almost completely withdrawn. During this period of HPA suppression, patients may exhibit signs and symptoms of adrenal insufficiency when exposed to trauma, surgery, or infection (particularly gastroenteritis) or other conditions associated with severe electrolyte loss. Although fluticasone propionate inhalation aerosol may provide control of asthma symptoms during these episodes, it recommended doses it supplies less than normal physiological amounts of glucocorticoid systemically and does NOT provide the mineralocorticoid activity that is necessary for coping with these emergencies.

During periods of stress or a severe asthma attack, patients who have been withdrawn from systemic corticosteroids should be instructed to resume oral corticosteroids (in large doses) immediately and to contact their physicians for further instruction. These patients should also be instructed to carry a warning card indicating that they may need supplementary systemic corticosteroids during periods of stress or a severe asthma attack.

Patients requiring oral corticosteroids should be weaned slowly from systemic corticosteroid use after transferring to fluticasone propionate inhalation aerosol. In a trial of 96 patients, prednisone reduction was successfully accomplished by reducing the daily prednisone dose by 2.5 mg on a weekly basis during transfer to inhaled fluticasone propionate. Successive reduction of prednisone dose was allowed only when lung function, symptoms, and as-needed beta-agonist use were better than or comparable to that seen before initiation of prednisone dose reduction. Lung function (forced expiratory volume in 1 second [FEV$_1$] or morning peak expiratory flow rate [AM PEFR]), beta-agonist use, and asthma symptoms should be carefully monitored during withdrawal of oral corticosteroids. In addition to monitoring asthma signs and symptoms, patients should be observed for signs and symptoms of adrenal insufficiency such as fatigue, lassitude, weakness, nausea and vomiting, and hypotension.

Transfer of patients from systemic corticosteroid therapy to fluticasone propionate inhalation aerosol may unmask conditions previously suppressed by the systemic corticosteroid therapy, e.g., rhinitis, conjunctivitis, eczema, and arthritis.

Persons who are on drugs that suppress the immune system are more susceptible to infections than healthy individuals. Chickenpox and measles, for example, can have a more serious or even fatal course in susceptible children or adults on corticosteroids. In such children or adults who have not had these diseases, particular care should be taken to avoid exposure. How the dose, route, and duration of corticosteroid administration affects the risk of developing a disseminated infection is not known. The contribution of the underlying disease and/or prior corticosteroid treatment to the risk is also not known. If exposed to chickenpox, prophylaxis with varicella zoster immune globulin (VZIG) may be indicated. If exposed to measles, prophylaxis with pooled intramuscular immunoglobulin (IG) may be indicated. (See the respective package inserts for complete VZIG and IG prescribing information.) If chickenpox develops, treatment with antiviral agents may be considered.

Fluticasone propionate inhalation aerosol is not to be regarded as a bronchodilator and is not indicated for rapid relief of bronchospasm.

As with other inhaled asthma medications, bronchospasm may occur with an immediate increase in wheezing after dosing. If bronchospasm occurs following dosing with FLOVENT Inhalation Aerosol, it should be treated immediately with a fast-acting inhaled bronchodilator. Treatment with FLOVENT Inhalation Aerosol should be discontinued and alternative therapy instituted.

Patients should be instructed to contact their physicians immediately when episodes of asthma that are not responsive to bronchodilators occur during the course of treatment with fluticasone propionate inhalation aerosol. During such episodes, patients may require therapy with oral corticosteroids.

PRECAUTIONS:

General: During withdrawal from oral corticosteroids, some patients may experience symptoms of systemically active corticosteroid withdrawal, e.g., joint and/or muscular pain, lassitude, and depression, despite maintenance or even improvement of respiratory function.

Fluticasone propionate will often permit control of asthma symptoms with less suppression of HPA function than therapeutically equivalent oral doses of prednisone. Since fluticasone propionate is absorbed into the circulation and can be systemically active at higher doses, the beneficial effects of fluticasone propionate inhalation aerosol in minimizing HPA dysfunction may be expected only when recommended dosages are not exceeded and individual patients are titrated to the lowest effective dose. A relationship between plasma levels of fluticasone propionate and inhibitory effects on stimulated cortisol production has been shown after 4 weeks of treatment with fluticasone propionate inhalation aerosol. Since individual sensitivity to effects on cortisol production exists, physicians should consider this information when prescribing fluticasone propionate inhalation aerosol.

Because of the possibility of systemic absorption of inhaled corticosteroids, patients treated with these drugs should be observed carefully for any evidence of systemic corticosteroid effects. Particular care should be taken in observing patients postoperatively or during periods of stress for evidence of inadequate adrenal response.

It is possible that systemic corticosteroid effects such as hypercorticism and adrenal suppression may appear in a small number of patients, particularly at higher doses. If such changes occur, fluticasone propionate inhalation aerosol should be reduced slowly, consistent with accepted procedures for reducing systemic corticosteroids and for management of asthma symptoms.

A reduction of growth velocity in children or teenagers may occur as a result of inadequate control of chronic diseases such as asthma or from use of corticosteroids for treatment. Physicians should closely follow the growth of adolescents taking corticosteroids by any route and weigh the benefits of corticosteroid therapy and asthma control against the possibility of growth suppression if an adolescent's growth appears slowed.

The long-term effects of fluticasone propionate in human subjects are not fully known, in particular, the effects resulting from chronic use of fluticasone propionate on developmental or immunologic processes in the mouth, pharynx, trachea, and lung are unknown. Some patients have received fluticasone propionate inhalation aerosol on a continuous basis for periods of 3 years or longer. In clinical studies with patients treated for nearly 2 years with inhaled fluticasone propionate, no apparent differences in the type or severity of adverse reactions were observed after long- versus short-term treatment.

Rare instances of glaucoma, increased intraocular pressure, and cataracts have been reported following the inhaled administration of corticosteroids, including fluticasone propionate.

In clinical studies with inhaled fluticasone propionate, the development of localized infections of the pharynx with *Candida albicans* has occurred. When such an infection develops, it should be treated with appropriate local or systemic (i.e., oral antifungal) therapy while remaining on treatment with fluticasone propionate inhalation aerosol, but at times therapy with fluticasone propionate may need to be interrupted.

Inhaled corticosteroids should be used with caution, if at all, in patients with active or quiescent tuberculosis infection of the respiratory tract; untreated systemic fungal, bacterial, viral or parasitic infections; or ocular herpes simplex.

Eosinophilic Conditions: In rare cases, patients on inhaled fluticasone propionate may present with systemic eosinophilic conditions, with some patients presenting with clinical features of vasculitis consistent with Churg-Strauss syndrome, a condition that is often treated with systemic corticosteroid therapy. These events usually, but not always, have been associated with the reduction and/or withdrawal of oral corticosteroid therapy following the introduction of fluticasone propionate. Cases of serious eosinophilic conditions have also been reported with other inhaled corticosteroids in this clinical setting. Physicians should be alert to eosinophilia, vasculitic rash, worsening pulmonary symptoms, cardiac complications, and/or neuropathy presenting in their patients. A causal relationship between fluticasone propionate and these underlying conditions has not been established (see ADVERSE REACTIONS).

Information for Patients: Patients being treated with FLOVENT Inhalation Aerosol should receive the following information and instructions. This information is intended to aid them in the safe and effective use of this medication. It is not a disclosure of all possible adverse or intended effects.

Patients should use FLOVENT Inhalation Aerosol at regular intervals as directed. Results of clinical trials indicated significant improvement may occur within the first day or two of treatment; however, the full benefit may not be achieved until treatment has been administered for 1 to 2 weeks or longer. The patient should not increase the prescribed dosage but should contact the physician if symptoms do not improve or if the condition worsens.

Patients should be warned to avoid exposure to chickenpox or measles and, if they are exposed, to consult their physicians without delay.

For the proper use of FLOVENT Inhalation Aerosol and to attain maximum improvement, the patient should read and follow carefully the accompanying Patient's Instructions for Use.

Carcinogenesis, Mutagenesis, Impairment of Fertility: Fluticasone propionate demonstrated no tumorigenic potential in studies of oral doses up to 1000 mcg/kg (approximately 2 times the maximum human daily inhalation dose based on mcg/m^2) for 78 weeks in the mouse or inhalation of up to 57 mcg/kg (approximately 1/4 the maximum human daily inhalation dose based on mcg/m^2) for 104 weeks in the rat.

Fluticasone propionate did not induce gene mutation in prokaryotic or eukaryotic cells in vitro. No significant clastogenic effect was seen in cultured human peripheral lymphocytes in vitro or in the mouse micronucleus test when administered at high doses by the oral or subcutaneous routes. Furthermore, the compound did not delay erythroblast division in bone marrow.

No evidence of impairment of fertility was observed in reproductive studies conducted in rats dosed subcutaneously with doses up to 50 mcg/kg (approximately 1/4 the maximum human daily inhalation dose based on mcg/m^2) in males and females. However, prostate weight was significantly reduced in rats.

Pregnancy: ***Teratogenic Effects:*** Pregnancy Category C. Subcutaneous studies in the mouse and rat at 45 and 100 mcg/kg, respectively (approximately 1/10 and 1/2 the maximum human daily inhalation dose based on mcg/m^2, respectively), revealed fetal toxicity characteristic of potent glucocorticoid compounds, including embryonic growth retardation, omphalocele, cleft palate, and retarded cranial ossification.

In the rabbit, fetal weight reduction and cleft palate were observed following subcutaneous doses of 4 mcg/kg (approximately 1/25 the maximum human daily inhalation dose based on mcg/m^2). However, following oral administration of up to 300 mcg/kg (approximately 3 times the maximum human daily inhalation dose based on mcg/m^2) of fluticasone propionate to the rabbit, there were no maternal effects nor increased incidence of external, visceral, or skeletal fetal defects. No fluticasone propionate was detected in the plasma in this study, consistent with the established low bioavailability following oral administration (see CLINICAL PHARMACOLOGY section of full prescribing information).

Less than 0.008% of the administered dose crossed the placenta following oral administration of 100 mcg/kg to rats or 300 mcg/kg to rabbits (approximately 1/2 and 3 times the maximum human daily inhalation dose based on mcg/m^2, respectively).

There are no adequate and well-controlled studies in pregnant women. Fluticasone propionate should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus.

Experience with oral glucocorticoids since their introduction in pharmacologic, as opposed to physiologic, doses suggests that rodents are more prone to teratogenic effects from glucocorticoids than humans. In addition, because there is a natural increase in glucocorticoid production during pregnancy, most women will require a lower exogenous glucocorticoid dose and many will not need glucocorticoid treatment during pregnancy.

Nursing Mothers: It is not known whether fluticasone propionate is excreted in human breast milk. Subcutaneous administration of 10 mcg/kg of this drug to lactating rats (approximately 1/20 the maximum human daily inhalation dose based on mcg/m^2) resulted in measurable radioactivity in both plasma and milk. Because glucocorticoids are excreted in human milk, caution should be exercised when fluticasone propionate inhalation aerosol is administered to a nursing woman.

Pediatric Use: One hundred thirty-seven (137) patients between the ages of 12 and 16 years were treated with fluticasone propionate inhalation aerosol in the US pivotal clinical trials. The safety and effectiveness of FLOVENT Inhalation Aerosol in children below 12 years of age have not been established. All corticosteroids have been shown to cause a reduction in growth velocity in children and teenagers with extended use. If a child or teenager on any corticosteroid appears to have growth suppression, the possibility that they are particularly sensitive to this effect of corticosteroids should be considered (see PRECAUTIONS).

Geriatric Use: Five hundred seventy-four (574) patients 65 years of age or older have been treated with fluticasone propionate inhalation aerosol in US and non-US clinical trials. There were no differences in adverse reactions compared to those reported by younger patients.

ADVERSE REACTIONS: The following incidence of common adverse experiences is based upon 7 placebo-controlled US clinical trials in which 1243 patients (509 female and 734 male adolescents and adults previously treated with as-needed bronchodilators and/or inhaled corticosteroids) were treated with fluticasone propionate inhalation aerosol (doses of 88 to 440 mcg twice daily for up to 12 weeks) or placebo.

Overall Adverse Experiences With >3% Incidence on Fluticasone Propionate in US Controlled Clinical Trials With Use in Patients Previously Receiving Bronchodilators and/or Inhaled Corticosteroids

Adverse Event	Placebo (n = 475) %	FLOVENT 88 mcg twice daily (n = 488) %	FLOVENT 220 mcg twice daily (n = 95) %	FLOVENT 440 mcg twice daily (n = 185) %
Ear, nose, and throat				
Pharyngitis	7	10	14	14
Nasal congestion	8	8	16	10
Sinusitis	4	3	6	5
Nasal discharge	3	5	4	4
Dysphonia	1	4	3	8
Allergic rhinitis	4	5	3	3
Oral candidiasis	1	2	3	5
Respiratory				
Upper respiratory infection	12	15	22	16
Influenza	2	3	8	5
Neurological				
Headache	14	17	22	17
Average duration of exposure (days)	44	66	64	59

The table above includes all events (whether considered drug-related or nondrug-related by the investigator) that occurred at a rate of over 3% in the combined fluticasone propionate inhalation aerosol groups and were more common than in the placebo group. In considering these data, differences in average duration of exposure should be taken into account.

These adverse reactions were mostly mild to moderate in severity, with ≤2% of patients discontinuing the studies because of adverse events. Rare cases of immediate and delayed hypersensitivity reactions, including urticaria and rash and other rare events of angioedema and bronchospasm, have been reported.

Systemic glucocorticoid side effects were not reported during controlled clinical trials with fluticasone propionate inhalation aerosol. If recommended doses are exceeded, however, or if individuals are particularly sensitive, symptoms of hypercorticism, e.g., Cushing's syndrome, could occur.

Other adverse events that occurred in these clinical trials using fluticasone propionate inhalation aerosol with an incidence of 1% to 3% and which occurred at a greater incidence than with placebo were:

Ear, Nose, and Throat: Pain in nasal sinus(es), rhinitis

Eye: Irritation of the eye(s)

Gastrointestinal: Nausea and vomiting, diarrhea, dyspepsia, and stomach disorder

Miscellaneous: Fever

Mouth and Teeth: Dental problem

Musculoskeletal: Pain in joint, sprain/strain, aches and pains, pain in limb.

Neurological: Dizziness/giddiness

Respiratory: Bronchitis, chest congestion

Skin: Dermatitis, rash/skin eruption

Urogenital: Dysmenorrhea.

In a 16-week study in patients with asthma requiring oral corticosteroids, the effects of fluticasone propionate inhalation aerosol, 660 mcg twice daily (n = 32) and 880 mcg twice daily (n = 32), were compared with placebo. Adverse events (whether considered drug-related or nondrug-related by the investigator) reported by more than 3 patients in either fluticasone propionate group and which were more common with fluticasone propionate than placebo are shown below.

Ear, Nose, and Throat: Pharyngitis (9% and 25%), nasal congestion (19% and 22%), sinusitis (19% and 22%), nasal discharge (16% and 16%), dysphonia (19% and 9%), pain in nasal sinus(es) (13% and 0%), Candida-like oral lesions (16% and 9%), oropharyngeal candidiasis (25% and 19%).

Respiratory: Upper respiratory infection (31% and 19%), influenza (0% and 13%).

Other: Headache (28% and 34%), pain in joint (19% and 13%), nausea and vomiting (22% and 16%), muscular soreness (22% and 13%), malaise/fatigue (22% and 28%), insomnia (3% and 13%).

Observed During Clinical Practice: In addition to adverse events reported from clinical trials, the following events have been identified during postapproval use of fluticasone propionate in clinical practice. Because they are reported voluntarily from a population of unknown size, estimates of frequency cannot be made. These events have been chosen for inclusion due to either their seriousness, frequency of reporting, causal connection to fluticasone propionate, or combination of these factors.

Ear, Nose, and Throat: Throat soreness and irritation, hoarseness, laryngitis, aphonia.

Endocrine and Metabolic: Cushingoid features, growth velocity reduction in children/adolescents, weight gain, hyperglycemia.

Psychiatry: Restlessness, agitation, aggression, depression.

Respiratory: Immediate bronchospasm, asthma exacerbation, dyspnea, wheeze, chest tightness, bronchospasm, cough.

Skin: Pruritus, contusions, ecchymoses.

Eosinophilic Conditions: In rare cases, patients on inhaled fluticasone propionate may present with systemic eosinophilic conditions, with some patients presenting with clinical features of vasculitis consistent with Churg-Strauss syndrome, a condition that is often treated with systemic corticosteroid therapy. These events usually, but not always, have been associated with the reduction and/or withdrawal of oral corticosteroid therapy following the introduction of fluticasone propionate. Cases of serious eosinophilic conditions have also been reported with other inhaled corticosteroids in this clinical setting. Physicians should be alert to eosinophilia, vasculitic rash, worsening pulmonary symptoms, cardiac complications, and/or neuropathy presenting in their patients. A causal relationship between fluticasone propionate and these underlying conditions has not been established (see PRECAUTIONS: Eosinophilic Conditions).

OVERDOSAGE: Chronic overdosage may result in signs/symptoms of hypercorticism (see PRECAUTIONS). Inhalation by healthy volunteers of a single dose of 1760 or 3520 mcg of fluticasone propionate inhalation aerosol was well tolerated. Fluticasone propionate given by inhalation aerosol at doses of 1320 mcg twice daily for 7 to 15 days to healthy human volunteers was also well tolerated. Repeat oral doses up to 80 mg daily for 10 days in healthy volunteers and repeat oral doses up to 20 mg daily for 42 days in patients were well tolerated. Adverse reactions were of mild or moderate severity, and incidences were similar in active and placebo treatment groups. The oral and subcutaneous median lethal doses in rats and mice were >1000 mg/kg (>2000 times the maximum human daily inhalation dose based on mg/m^2).

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Secrets of People Who Never Get Sick



Tired of catching every cold that comes your way? Try these stay-healthy strategies

By Stacey Colino

How do some friends and colleagues survive every winter without even a sniffle? "Certain people tend to be genetically hardier and get sick less often, but we don't know why," says Steven Mostow, M.D., a professor of medicine and infectious diseases at the University of Colorado Health Sciences Center, in Denver. Some experts believe, however, that they boost their immunity through simple lifestyle habits. Steal their strategies and stay healthy all winter long.

1 BE A SOCIAL BUTTERFLY

It's long been known that friendship is good for your health. In a 1997 study, researchers from Carnegie Mellon University, in Pittsburgh, also found that the more diverse people's relationships were, the more they were able to resist a cold virus. In fact, people with six or more types of relationships (close friends, co-workers, even exercise buddies) in their lives were 25 percent less likely to get sick than those with three or fewer. Why is it better to have an array of social ties? "It's possible that people with varied social networks have diverse perceptions of themselves—as a co-worker, friend or community member. That boosts self-esteem and makes it easier to avoid stress," says Sheldon Cohen, Ph.D., a professor of psychology at Carnegie Mellon and lead author of the study. As a result, these people tend to stay healthier.

Steal this secret: "Be open to meeting new people; go to new events and reestablish old friendships," says Karen Shanor, Ph.D., a clinical psychologist in Washington, D.C., and author of *The Emerging Mind* (Renaissance Books, 2000). But don't feel obligated to pack your social schedule. While it's beneficial to have many types of relationships, remember that overcommitting adds to stress.

2 TICKLE YOUR FUNNY BONE

Laughing, which decreases the production of stress-related hormones and sparks physiological changes that relax the body, can benefit the immune system. Recent studies at Harvard University also found that college students who regularly watched humorous videos had higher levels of powerful cold- and flu-fighting chemicals than those who watched serious documentaries. What's more, those on the laugh track reported milder colds.

Steal this secret: "Think about what makes you laugh—whether it's reading the comics or doing silly things with your kids—and try to integrate more of that into your life," says Alice Domar, Ph.D., *(continued)*



You'll love this sweet little number.
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(continued) director of the Mind/Body Center for Women's Health at Beth Israel Deaconess Medical Center, in Boston, and author of *Self-Nurture: Learning to Care for Yourself as Effectively as You Care for Everyone Else* (Viking, 2000).

3 EAT A RAINBOW OF FOODS

Eating lots of brightly colored fruits and vegetables (think strawberries, carrots and spinach) increases your intake of essential nutrients and antioxidants, such as vitamins A, C and E—all of which can boost immune function. "Generally, the more vivid the color, the higher in antioxidants and phytochemicals a food will be," explains Pamela Smith, R.D., a nutritionist in Orlando and author of *The Energy Edge* (HarperCollins, 2000). "It's also important to eat whole-grain carbohydrates, which supply valuable vitamin B_6, selenium and magnesium. These are critical for activating the immune system against colds and flu." Protein also helps fortify the body's infection-fighting chemicals, while a high-fat diet can compromise the immune system.

Steal this secret: Get at least five servings of colorful fruits and vegetables per day, but aim for three to five more, says Wahida Karmally, M.S., R.D., a spokesperson for the American Dietetic Association and director of nutrition at the Irving Center for Clinical Research at Columbia-Presbyterian' Medical Center, in New York City. Eat plenty of complex carbs, such as brown rice, and look for lower-fat sources of protein and cut back on added fats, adds Smith. "Studies show that as fat goes down, immune power goes up."

4 GET MOVING

Research has found that moderate exercise can improve immune function and bolster resistance to colds and infections. One study of thirty-six overweight women, conducted at Loma Linda University, in California, found that those who walked briskly for forty-five minutes five days a week reported half the number of days with cold symptoms during a fifteen-week period as their sedentary counterparts.

How does working out help kick colds and flu? "For a few hours after moderate exercise, immune-system cells circulate through the blood at a higher rate than normal, which increases the chance that they'll come into contact with a virus or bacteria and fight it off," explains David C. Nieman, Dr.P.H., a professor of health and exercise science at Appalachian State University, in Boone, North Carolina.

Steal this secret: Aim for forty to forty-five minutes of moderate exercise, such as brisk walking, cycling, swimming or light running, at least five days a week. "Frequency is important," stresses Nieman. "It has to be almost daily."

5 KEEP A JOURNAL

In numerous studies, James W. Pennebaker, Ph.D., a psychology professor at the University of Texas, in Austin, found that writing about a difficult or painful event not only accelerates the coping process, but also can improve your physical health. In one study, students who spent twenty minutes three days per week for twelve weeks recording their intimate feelings about beginning college had fewer visits to the health center during the next several months.

"When people write about upsetting or traumatic experiences, it helps them put the events into perspective, understand them better and move on," explains Pennebaker, author of *Opening Up: The Healing Power of Expressing (continued)*

Immune Busters

Besides the usual suspects—skimping on sleep, neglecting to wash your hands—these five lifestyle habits can actually compromise immune function, leaving you vulnerable to viruses:

- **FIGHTING WITH YOUR SPOUSE** Short-term arguing seems to have no effect, but nasty fighting will sap your reserves, according to research from Ohio State University Medical Center. It's the pent-up hostility, which triggers your body's fight-or-flight response and stimulates the release of stress hormones, that does the harm.
- **DIETING** Low-protein intake can decrease the body's ability to replenish the immune system's infection-fighting forces. And low-carb diets are often low in essential immunity-boosting nutrients, like vitamin B_6 and magnesium.
- **HAVING A RED-HOT SEX LIFE** A recent study at Wilkes University, in Wilkes-Barre, Pennsylvania, found that having sex three or more times per week can lower immune function. The good news: Couples who worked in only one or two weekly lovemaking sessions boosted their immunity.
- **SMOKING** Numerous studies have found that smokers, whose germ-filtering nasal passages tend to be damaged, are at higher risk for colds and flu, as well as complications such as bronchitis.
- **LIVING IN A VERY DRY ENVIRONMENT** Depriving nasal passages of moisture makes them less capable of fighting off airborne germs. If you live in desert-like conditions, running a cold-water humidifier can help.

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PEOPLE WHO NEVER GET SICK

Continued

Emotions (Guilford Press, 1997). This helps relieve stress and increases immune function. "Ultimately, they get sick less afterward."

Steal this secret: Set aside twenty minutes a day for three consecutive days to write about the things that are most important to you now and how they're affecting you, suggests Pennebaker. This trial period will give you a jump start. Then you can decide if you need to use the technique only at especially stressful times or for a few minutes before bed each night.

6 ENJOY THE LITTLE THINGS

Even small pleasures—having friends over for dinner, playing with your kids in the backyard or going to a concert—can boost your immune system. In fact, according to research at the State University of New York at Stony Brook, positive events have a stronger effect on immune function (stimulating the secretion of more disease-fighting antibodies) than negative events.

"It may be that positive experiences activate a different set of hormonal and physiological systems, which helps outweigh the detrimental effects of bad times," says Arthur A. Stone, Ph.D., professor and vice chair of psychiatry at the State University of New York at Stony Brook. This, in turn, provides bonus protection against germs.

Steal this secret: Make time for yourself, says Alice Domar, especially during this time of year. "Women are often so depleted after the holidays, because they've been running around taking care of everyone else, baking, entertaining and shopping," she says. "They tend to set their own well-being aside." Your R_x: Start devoting at least half an hour a day to talking to a friend, reading a book or indulging in an activity you enjoy. Think of it as preventive medicine.

7 DON'T GET SIDELINED BY STRESS

Experts know that stress increases [your] susceptibility to the common cold. In a recent Carnegie Mellon University study, researchers interviewed two hundred seventy-six healthy volunteers about pressures in their lives prior to exposing them to a common-cold virus. Those under severe chronic stress, such as losing unemployed or experiencing problems with family or friends, were more likely to get sick than those who tackled a short-lived stressor, such as a project at work. The reason? Your body's helper-T cells, which are key to defending against viruses, become impaired when you're stressed-out.

Steal this secret: Do some problem-solving. First, take a hard look at the situation and really consider whether you can do anything to change things, advises Arthur M. Nezu, Ph.D., a professor of psychology and director of the Center for Behavioral Medicine at Medical Hahnemann University, in Philadelphia. "If you conclude that you can't change the situation, try to change your physical and emotional reactions to it," suggests Nezu. Engaging in meditation, yoga or deep-breathing exercises, using aromatherapy or listening to calming music can also help relieve stress.

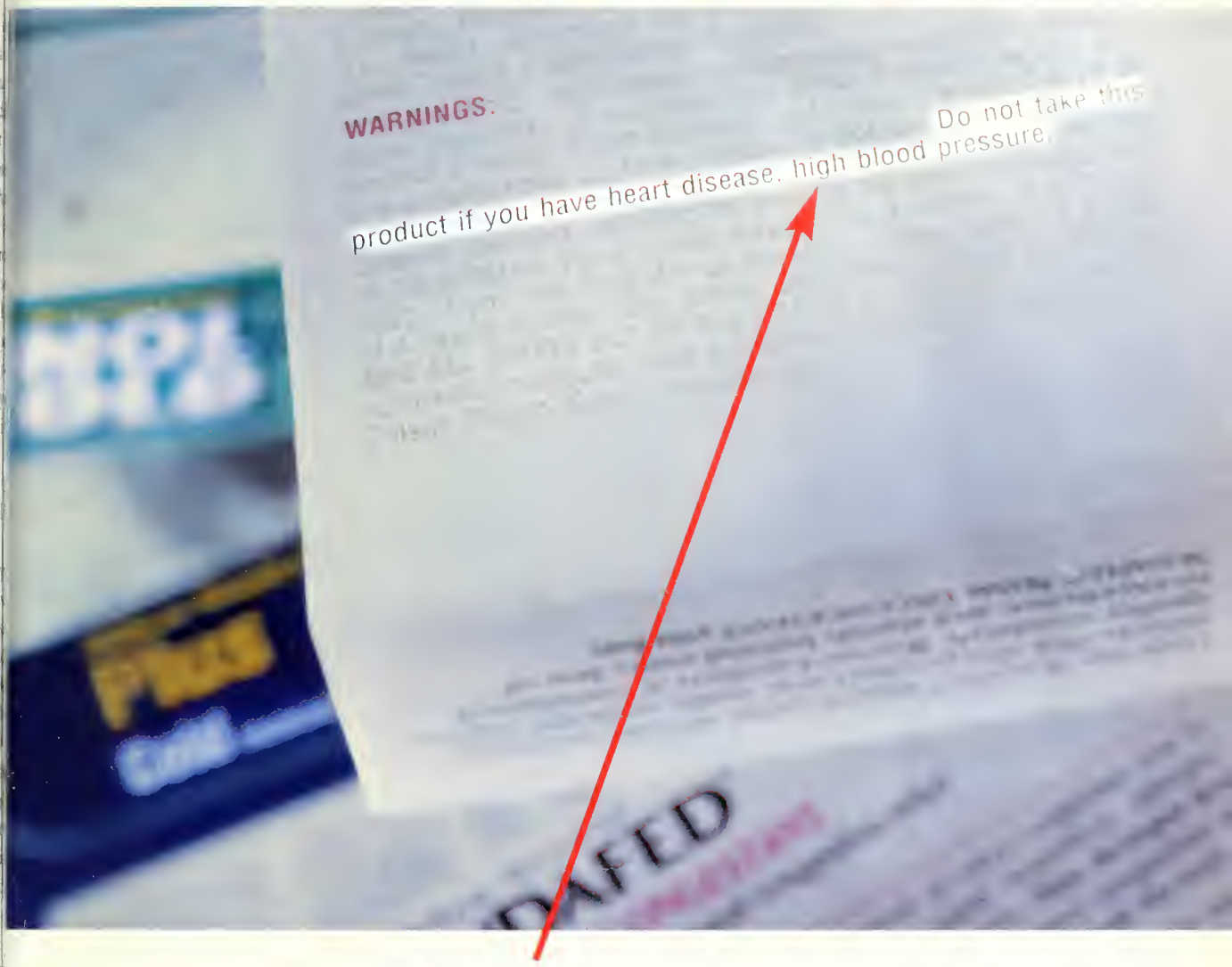
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by Pete Johnson



How often have you wasted precious time and money trying to lose weight? Let's see...I've tried every quick-fix, fad diet known to man...even tried the ones where you buy the pre-packaged food. They all seem to take months to show any results... and by that time my motivation is gone! Even straight fasting didn't work for me. Then I read about the Hollywood 48-Hour Miracle Diet and decided to try it—I had nothing to lose but weight—and I did!

The skinny. James Kabler, world famous for his phenomenally successful Six Day Bio Diet, has now launched the faster and easier Miracle Diet. The Hollywood 48-Hour Miracle Diet is a special formulation of all-natural juices and botanical extracts so it looks like an ordinary bottle of juice—and works like a miracle! For two days you give up all bad food habits. In place of fats, sugars and artificial ingredients, you flood your body with the vitamins, minerals and essential oils found in this amazing juice. Just mix half of it with an equal amount of cold water and sip it throughout the day. It's so easy. There's no measuring or combining foods, no counting calories or points, no hassle. It's that easy.

Hollywood's best-kept diet secret. This amazing diet has been rushed to the sets of E.R., Friends, plus many of today's biggest celebrities. It's what actors, actresses and models use to fit into those sleek suits and sexy dresses—fast! And it's so delicious, refreshing and satisfying that it's featured on the menu of the famous Hollywood Hills Cafe. This phenomenal weight-loss program is great for anyone because you only have to stay on it for 2 DAYS TO SEE RESULTS! Ideal for people who have a special occasion coming up and want to look and feel their best—fast. High-school reunions, weddings, even that trip to Hawaii are all great reasons to lose a quick ten!

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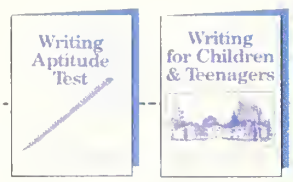
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Find Your Spark

Lost that lovin' feeling? 30 ways to reconnect with your sexual self—fast

By Kristen Kemp



If you feel like you've lost touch with the part of you that couldn't *wait* to get in bed with your sweetie, you're not alone: More than half of all women say they don't have enough time to make love with their partner. Here are thirty ways even the time-pressed can rekindle the flame.

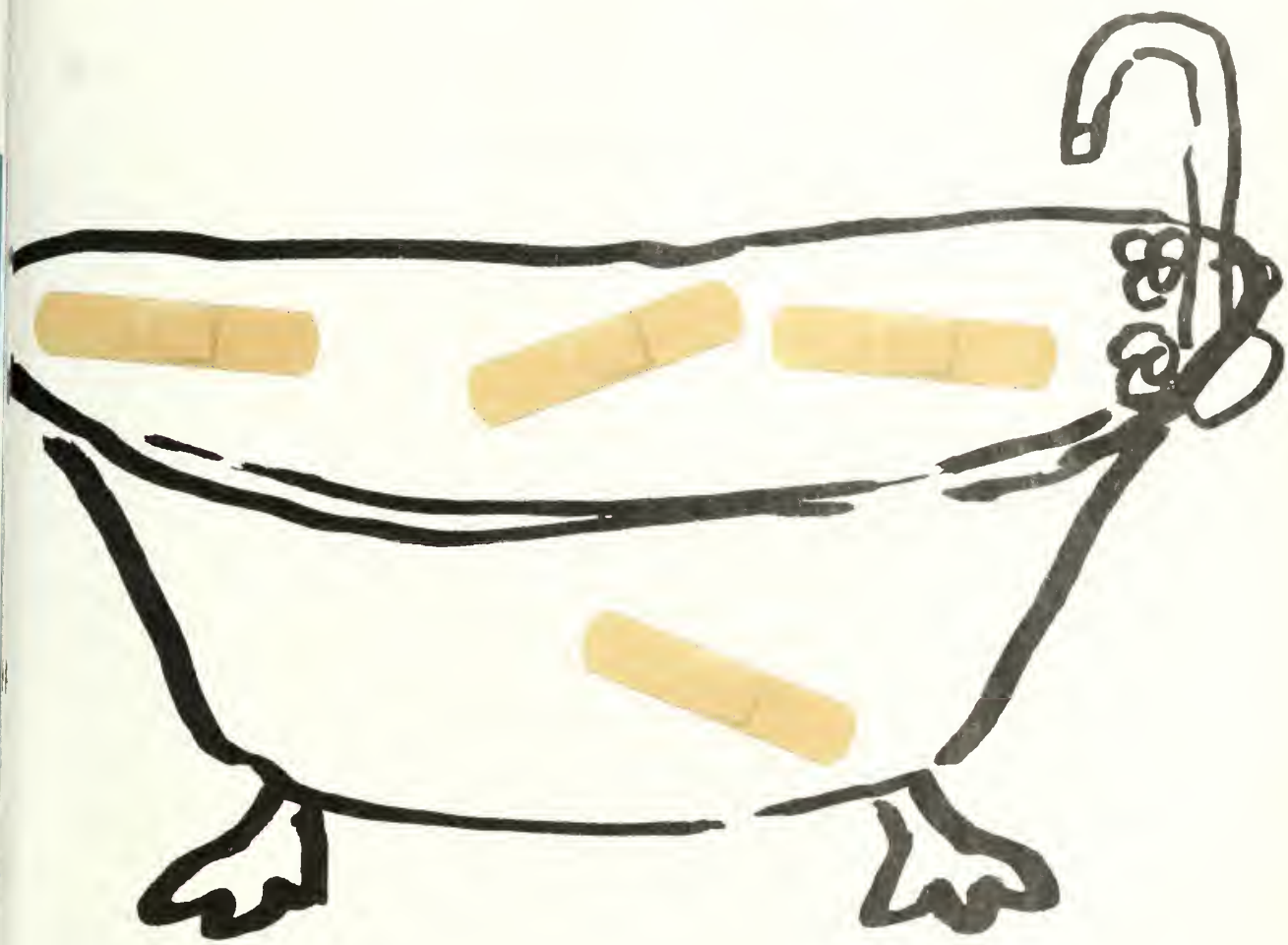
ROMANTIC REMINDERS

For most women, one of the fastest ways to rev up sexually is to be romantic. To bring back the fun, remember marriage is good for sex. New research suggests that a woman's sexual satisfaction increases when she feels a sense of commitment in marriage.

- **Visit a place that's special to the two of you.** Go to the restaurant where you had your first date, or stop by the spot where he proposed and reminisce, suggests Gregory J.P. Godek, author of *1001 Ways to Be Romantic* (Sourcebooks Trade, 1999).
- **Do something sweet for him.** Wipe the snow off his windshield or open the paper to his favorite section. "Little things that make him feel special can make you feel romantic, too," says Godek.
- **Play Twenty Questions.** Try this get-intimate game: On pieces of paper, write down categories, such as teenage years, morals, love and sex, and put them in a bowl. Take turns drawing a category and asking each other a related question. For example, if you draw morals, ask him if he'd ever blow the whistle on a cheating friend. "You can build romantic intimacy by getting to know new things about your partner," says Godek.

(continued)

You don't have to scratch a tub
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A good scrub.

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(continued) • **Take risks together.** You don't have to bungee jump, but definitely try something new *à deux*. "Trying something together is a bonding experience," Godek says. "Plus, you'll see each other's first reactions, which will remind you of why you fell in love."

• **Go on a mystery date.** Ask a friend to plan an entire date for you from start to finish. "This will get you out of the what-to-do rut," explains Cyndi Haynes, co-author of *2002 Romantic Ideas* (Adams Media, 1998). It doesn't matter if she sends you to a quilting fair, either. "Doing something unexpected is almost always fun. If nothing else, you can laugh about it together."

MOOD-BOOSTING MOVES

Get in the mood for sex—and make sure you send a clear signal to your spouse. In a two-year survey of forty married couples, researchers at the University of Massachusetts at Amherst found that women expect their husbands to sense when they're ready for romance.

• **Eat mint ice cream.** Studies show that minty smells and tastes stimulate blood flow to your pelvic region—which is the first step toward full-blown arousal, says Alan Hirsch, M.D., neurological director of the Smell & Taste Treatment and Research Foundation, in Chicago.

• **Get physical.** Remind yourself during the day that you are physical and sensual; most jobs force you to be in mental mode. A simple stretch can help. "Move your limbs around, curve your torso and touch your toes," says Howard Devore, Ph.D., a sex therapist in San Francisco.

• **Read a book.** In a study of 100,000 women, half read sexy stories, half didn't. Guess who had sex the most? Risqué readers. "These women had twice as much intercourse," says Laura Corn, author of *101 Nights of Grrreat Sex* (Park Avenue Publishers, 1995). "You can read any kind of sensual story, even a romance novel."

• **Give yourself a massage.** Using the pads of your fingers, rub in a circular motion from your belly button to your pubic hairline. This increases blood flow to your pelvic region, says Laura Berman, Ph.D., co-author of *For Women Only* (Henry Holt, 2001). New research suggests that the nerve endings that stimulate the clitoris are more numerous than experts once thought—they could even extend into this area.

• **Rent a Harrison Ford movie.** Eileen M. Palace, Ph.D., director of The Center for Sexual Health, in New Orleans, recommends that you grab your honey and watch an action-adventure flick. "In our study, people who watched these movies actually had more sexual desire than people who just lounged around," she says.

FUN WAYS TO FLIRT

Once a couple ties the knot, they often stop the teasing and toying. It turns out that the flirtations your mother used—batting eyelashes, ego-stroking compliments—really work. Plus, for women, flirting can cause the body to produce oxytocin, a feel-good hormone.

• **See eye-to-eye.** Next time you're deep in conversation, make eye contact with him for about four seconds, then look down for a moment. Look at him again for two or three seconds and smile. A study in London showed that this move is part of our human mating ritual.

Make out in a car. Park and kiss for a while—it will give you that just-started-dating feeling



• **Hold his hand.** There are forty thousand sensitive nerve endings located there. A few soft strokes, going up his wrist and circling his palms, will start to heat things up, says Lou Paget, author of *How to Be a Great Lover* (Broadway, 2000).

• **Pay attention.** After years of being together, sometimes couples only half listen to each other. Next time you're alone, *really* listen. "One of the most powerful aphrodisiacs is your undivided attention," explains Judy Kuriansky, Ph.D., author of *The Complete Idiot's Guide to Dating* (Macmillan, 1999).

• **Compliment him.** It may sound easy, but surprisingly, most guys don't get enough praise, especially outside of the office, explains William Cane, author of *The Art of Kissing* (St. Martins Press, 1995). If he's happier, he'll be more into you.

• **Let him peek.** "Men are extremely visual," says Shmule Boteach, author of *Dating Secrets of the Ten* (continued)

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(continued) *Commandments* (Doubleday, 2000). "Nothing turns us on more than the sight of the women we love." When you get home, change from your work clothes to at-home casuals in a spot where he can catch a glimpse. Most women, in turn, love the idea that just a glimpse can cause a big reaction.

- **Turn on the oven.** Men get aroused by the smells of cinnamon buns, vanilla and pumpkin pie, according to studies conducted by Hirsch. There's no need to slave over the stove—a frozen or pre-made goodie works just as well.

PASSION PLEASERS

A little more mind/body awareness can make lovemaking more exciting than ever.

- **Tone your sex muscles.** Women with weak pubococcygeus (PC) muscles have one third as many climaxes as those with strong ones. Strengthen them with Kegel exercises: Squeeze your PCs (the muscles that stop the flow of urine) for five seconds. Work up to twenty reps a day, says Beverly Whipple, R.N., Ph.D., co-author of *The G Spot* (Dell, 1983).

Do the unexpected. "Flirting in a new way adds a little mystery," explains Gregory Godek. "He'll be wondering what will happen next."

- **Breathe.** Sometimes you're on the verge of an orgasm, but can't quite peak. "As you feel your orgasm coming on, take in deep breaths through your nose," says sexologist Ava Cadell, Ph.D. "Then breathe out through your mouth."
- **Stay focused.** Only about 25 percent of women have an orgasm every time they make love. How do they do it? They focus on how good sex feels. When you're in the moment, try to shut out everything except your own sexual arousal, suggests Susan Crain Bakos, author of *Still Sexy* (St. Martins Press, 1999). "It may sound selfish, but the more you tell yourself, 'I love the way that feels,' the more orgasmic you'll be. He'll enjoy it, too."
- **Laugh.** Don't forget that sex is supposed to be fun. "Sometimes you're trying so hard to reach your peak that you don't even smile," says Bob Schwartz, Ph.D., author of *The One Hour Orgasm* (Breakthru Publishing, 1999). Letting out a playful, loving laugh before the point of climax can actually encourage orgasm.
- **Take a break.** Just when you're about to climax, stop for about five seconds. Repeat this move two or three times to build muscle tension before the big release. The more you build, the sweeter the eventual orgasm will be.

STAY-HEALTHY SEX SECRETS

A satisfying sex life can decrease stress and help you live longer. Two Scottish researchers found that frequent intercourse is crucial if you want to feel young and keep your relationship healthy.

- **Go natural.** Studies show that the following herbal supplements have proven (and safe) track records for stimulating men and women: ginkgo biloba and cordyceps mycelium, a hormonelike substance, promote blood flow; and L-Argenine, a natural amino acid, can make you highly aroused. Stay away from pills containing yohimbe. It is an aphrodisiac, but it recently has been found to be unsafe.
- **Hit the gym.** In a University of California study, women who did twenty minutes of aerobic activity every day had 30 percent more intercourse, fewer sexual problems and more pleasure from orgasm.
- **Have sex after your workout.** In her studies, Eileen M. Palace also found that women are most excitable one hour after vigorous exercise.
- **Stock up on the H_2O.** Drink plenty of water throughout the day, at least eight glasses. If your mouth feels dehydrated, chances are your vagina is, too, says Whipple.
- **Have a glass of wine before foreplay.** A glass a day has heart-health benefits, and it can help to ease your inhibitions.
- **Don't cut out fat completely.** If you don't get enough fat in your diet, the level of testosterone, the hormone responsible for your sex drive and his, decreases.
- **Look forward to turning forty.** Women in their forties are healthier and more physically active than their thirty-year-old counterparts. In recent years, studies show that they also have higher sexual self-esteem.

Kristen Kemp has written about sex and relationships for Glamour and YM.



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"Mom, Am I Fat?"

Kids as young as five are dieting and skipping meals, and eating disorders are now becoming childhood diseases. Are your children at risk? By Sharon Epel

Last year, Charleigh Barricks came home from first grade one day and asked her mother, Zondra, if she was fat. "I was shocked," recalls Barricks, a forty-nine-year-old home designer in Piedmont, California. At the time, six-year-old Charleigh was forty-one inches tall and weighed forty pounds.

It turned out that a boy in Charleigh's class had said she was fat. Barricks realized the problem was escalating when she got a call from another mother. "Charleigh told our car pool she was going on a diet," says Barricks. "After dinner, she lifts up her shirt and looks at her tummy." Finally, Barricks consulted her pediatrician. At a wellness exam, the doctor found that Charleigh's weight, forty-three pounds, was normal to low for her age and height.

Lisa Wright, a forty-one-year-old mother of two in Maine, was also caught off guard when, at age five, her son started asking whether he was fat. Now, at age nine, he's even more concerned. "He's tall and very thin," says Wright. "At the doctor's office, he weighed in at fifty-six pounds and measured four feet eight inches. I said, 'Matt, you might make it up to sixty pounds,' and he replied, 'That's what I'm afraid of.'"

Matt Wright and Charleigh Barricks are hardly alone. Across the country, younger and younger children are scrutinizing their bodies and finding fault, often with alarming ramifications. "We have a whole generation of preschool- and elementary-school-aged kids who think thin is beautiful, and this message is being reinforced by our society," says Jonelle C. Rowe, M.D., a medical adviser on adolescence for the Office on Women's Health, in Washington, D.C.

As Matt Wright's story shows, it's not just girls who are dissatisfied. "We're seeing more and more boys who feel inadequate, in terms of their muscle development and appearance," says Arnold Anderson, M.D., an eating-disorders specialist at the University of Iowa, in Iowa City.

In the last decade, children as young as eight have been treated for eating disorders. While such cases are rare, experts agree that *(continued)*

When to Worry

If your elementary-school child complains that she's fat, ask if something upsetting has happened at school, suggests Catherine Steiner-Adair, Ed.D., director of education, prevention and outreach at the Harvard Eating Disorders Center, in Boston, Massachusetts. "When a young child says she's fat, it usually means she's feeling bad, maybe because a teacher didn't call on her or she wasn't invited on a play date." If you're concerned, take your child to the doctor. Call your pediatrician immediately if your son or daughter shows any of the following signs of an eating disorder:

- **Consistently makes negative comments about his body**
- **Acts inexplicably sneaky or strange around food**
- **Gets upset if he can't exercise**
- **Disappears to the bathroom after meals or vomits**
- **Stops menstruating—after her period has begun**





More and more young boys and girls are scrutinizing their bodies

(continued) anorexia and bulimia are becoming childhood diseases. Meanwhile, recent research suggests a surge in body-image problems in kids:

- In a study published in the journal *Current Psychology*, more than half of the boys and girls in first through fifth grades claimed to have dieted.
- Research from Stanford University found that nearly half of third- through sixth-grade boys wanted to lose weight, while more than half of the girls wished they were thinner.
- In a University of Arizona study of girls, half of those in elementary school tried to lose weight in the past year. These girls weren't simply dieting: Twenty-four percent reported skipping meals; 11 percent took laxatives or diet pills; and nearly 7 percent made themselves vomit. These behaviors seem to become more common as kids get older: Forty-two percent of middle-school girls said they skipped meals.

At the same time, 13 percent of American kids are overweight—compared to just 5 percent in the 1960s. Some experts suspect that this trend may be contributing to kids' concerns. "For children, it's stigmatizing to be fat," says Barbara J. Howard, M.D., assistant professor of pediatrics at Johns Hopkins University School of Medicine, in Baltimore. "In one study, kids were shown pictures of heavy children and children in wheelchairs and were asked with whom they'd rather be friends. They preferred the disabled children."

THE FEAR OF FAT

Many children begin disliking their bodies even before they've started school. Linda Buchanan, Ph.D., founder and clinical director of the Atlanta Center for Eating Disorders, recalls the story of a mother who called the clinic worried about her four-year-old daughter. The girl had been throwing up after meals, and doctors couldn't find any medical cause. "Finally, her parents decided to simply ask her why she was doing this. The girl explained that she was afraid that if she got too big, her mommy wouldn't love her anymore," says Buchanan. Surprisingly, the girl's mother wasn't dieting. She talked about her weight the way many of us do, worrying aloud that if she ate something fattening, her jeans wouldn't fit.

Why are such young children fixated on their bodies? "Our culture believes that the body is perfectible, and that message gets conveyed to kids at a very early age," says Joan Jacobs Brumberg, author of *The Body Project: An Intimate History of American Girls*★ (Vintage Books, 1998) and a social historian at Cornell University, in Ithaca, New York. Our language is full of judgment about which foods are 'good' and which ones are 'bad,' and who's attractive and who's not. So kids become afraid of fat."

"If parents express unwarranted concerns about their own weight, they transmit those concerns to their kids," says Donald Shifrin, M.D., clinical professor of pediatrics at the University of Washington School of Medicine, in Seattle. One mother reports that at a four-year-old's birthday party, she heard a guest ask her mother why none of the grown-ups was eating pizza. Another mother answered, laughing, "We don't want to get fat." A harmless comment, perhaps, but kids pay attention.

Fathers are responsible, too. "One little boy told me he was on a diet because his dad was," says Mary Sanders, Ph.D., a psychologist at Stanford University School of Medicine, in Palo Alto, California. She's discovered that boys hear about dieting from their fathers, while girls talk about it with their mothers.

"We're not conscious of what we say around our kids," says Jonelle C. Rowe. And we may not be aware of the effects our behavior has on our children. Rowe knows of a two-year-old girl who was sticking her fingers down her throat after meals—just like her mother. Indeed, new research



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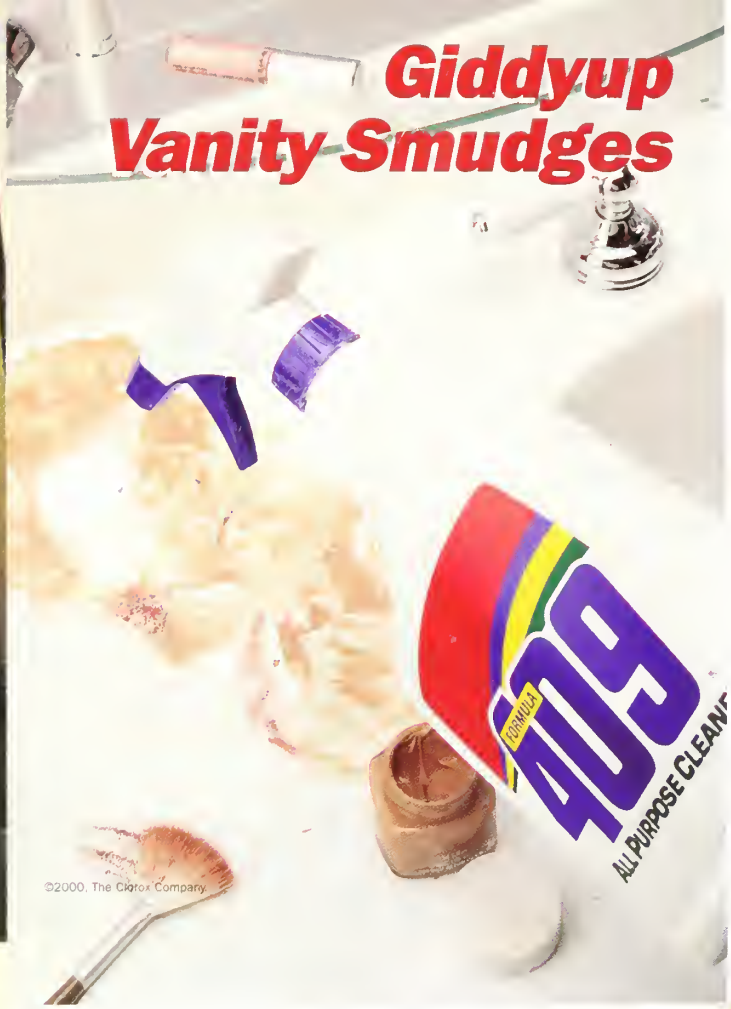
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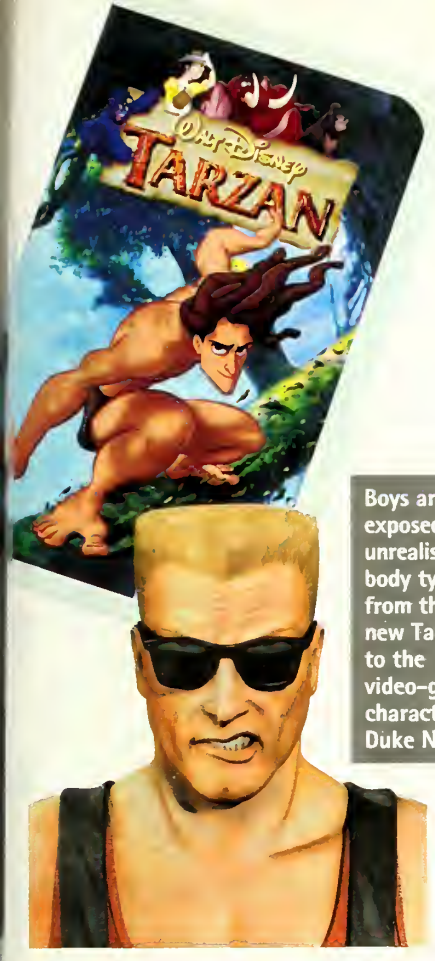


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Boys are exposed to unrealistic body types, from the new Tarzan to the video-game character Duke Nukem

published in *The International Journal of Obesity* shows that parents who constantly diet and binge tend to have children with weight problems.

Still, some parents, worried about baby fat, take matters into their own hands, possibly putting their kids in danger. "I've seen one- and two-year-olds on diets," says Shifrin. "Their parents are weight conscious themselves." Anderson worked with a mother who was starving her six-month-old baby because she feared he was getting fat. The court legally separated the baby from the mother, who was ordered to get psychotherapy.

Although parents play a critical role in influencing their young children, the media also has a powerful effect. "Look at shows with eight- to twelve-year-old girls, or at pop stars such as Christina Aguilera," says Shifrin. "They're all thin."

Boys get their share of unrealistic images, too, from the latest Tarzan to the characters on video games, such as Duke Nukem. The new G.I. Joe's biceps would measure twenty-six inches if scaled to human size, dwarfing Arnold Schwarzenegger's reported twenty-two inches.

A DANGEROUS OBSESSION

Kids who dislike their bodies are at risk for physical and psychological problems. Those who diet may actually become heavy. "If you feast and fast, you'll gain weight, because metabolism will slow," says Rowe. Most kids aren't aware of this.

Moreover, few kids—and parents—understand that children put on pounds just before puberty. "That's when parents might say, 'Be careful, you don't want to get fat,'" says Rowe. This is also the time when Joseph Hagan, M.D., a pediatrician in Burlington, Vermont, sees lots of children start bizarre diets. "It's important that kids know that they have to gain weight to grow," he says.

But much more is at stake. "These kids are at risk for developing eating disorders," says Sanders. "They're susceptible to depression, decreased self-esteem and difficulty with peer relationships." Children who aren't well nourished also have trouble concentrating and learning, says Rowe.

CHANGING ATTITUDES

The good news is, parents can help kids avoid unhealthy behaviors. "Until adolescence parents have the most influence on their children's attitudes," explains Linda Buchanan. (See "Helping Kids Love Their Bodies," below.)

In addition, several programs are teaching kids to appreciate their looks.

- Full of Ourselves, a program developed by the Harvard Eating Disorders Center, in Boston, Massachusetts, aims to inoculate girls against eating disorders. Twelve- to fourteen-year-old mentors discuss topics such as weight gain during puberty with eight- to ten-year-old girls.
- Dads and Daughters is a Duluth, Minnesota– and Web-based organization that helps fathers teach daughters about healthy body image.
- The Body Positive is a Berkeley, California, program that offers body-acceptance workshops and videos for boys and girls.

Do these groups have an effect on children? Ellie Sherman, a nineteen-year-old participant in The Body Positive's Youth Task Force, feels she's made an impact. After Sherman gave a talk at a middle school, the mother of a twelve-year-old girl stopped her in the supermarket. "The mom told me, 'We were really worried about the pressures on our daughter, but she said, 'Oh, don't worry about me, Mom. I listened to Ellie. I know I'm beautiful.'"

Helping Kids **Love** Their Bodies

Consider the following suggestions from Jonelle C. Rowe, M.D., a medical adviser on adolescence for the Office on Women's Health, in Washington, D.C., and Linda Buchanan, Ph.D., founder and clinical director of the Atlanta Center for Eating Disorders:

- **Avoid disparaging your own appearance, or someone else's.** Your kids may worry that there's something wrong with them.
- **Instead of classifying foods as good or bad, talk about foods that help nourish us.**
- **Play with your kids, and emphasize what bodies can do.**
- **Pay attention to how you talk about people.** Instead of saying, "Lisa is so pretty," focus on other positive traits, such as "Lisa is smart."
- **Discuss the dangers of diets.** Let your children know that if they don't eat enough, they'll gain weight.
- **Watch TV and videos with your children, and critique the actors' bodies.** Ask: "Do people really look like that?"

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FAMILY MATTERS

Dimpled dynasty

Catherine Zeta-Jones seems to live a charmed life. In 1996, the actress arrived in Hollywood from her native Wales and landed a small part in the TV mini-series *Titanic*. Director Steven Spielberg was so taken by her performance that he suggested she audition for *The Mask of Zorro*. A few swashbuckles later, she was a bona fide star.

Last year, after a second hit film—*Entrapment*—Zeta-Jones shot to the top in her personal life, too. On New Year's Eve 1999 she became engaged to actor Michael Douglas, who presented her with a ten-carat diamond engagement ring. The pair had been virtually inseparable ever since they met at a film festival in France in 1998, where Douglas, reports a pal, was instantly smitten by the sexy Zeta-Jones. And despite their twenty-five-year age difference—she's thirty-one, he's fifty-six—the couple have a lot in common, including the same birthday, September 25.



Three weeks after their engagement, Zeta-Jones and Douglas announced they were expecting their first child. Zeta-Jones, who was filming the crime drama *Traffic* with Douglas, had the pregnancy written into the script. In August, Dylan Michael Douglas—who has grandpa Kirk Douglas' dimpled chin—was born, and his parents wed three months later at New York City's Plaza Hotel. This month, Zeta-Jones is scheduled to begin shooting *American Sweetheart*, in which art will imitate her life: She'll play half of an A-list Hollywood couple.

Ryan's new hope

Hollywood breakups happen all the time, but when it happens to the perpetually perky Meg Ryan, it comes as a shock. Last July, Ryan and Dennis Quaid announced they were divorcing, after nine years of marriage. Even more surprising was the reason: Ryan fell hard for *Proof of Life* co-star Russell Crowe. Insiders suggest that Ryan, thirty-nine, who collects art and reads Sylvia Plath, was feeling intellectually unstimulated by Quaid, who prefers sports. (Murmurs of Quaid's flirtations on the set of

Catherine Zeta-Jones



Julia Roberts

Helen Hunt

watch of 2001

endured public sorrows and triumphs. These are the stories we'll be watching in the months to come

Any Given Sunday probably didn't help.) Still, you just can't help but hope that Ryan, like her movies, will find a happy ending.

SCREEN GEMS

The most powerful actress in Hollywood

Flaunting legs, cleavage and lots of attitude, Julia Roberts, thirty-three, wowed moviegoers as Erin Brockovich, a performance that some speculate may earn her a long-awaited Oscar. It was also Roberts' fourth consecutive hit movie, which helped her become the highest-paid woman in Hollywood (at $20 million a picture), not to mention the only one who can get a film bankrolled on her name alone. Next, look for her to co-star with Brad Pitt in *The Mexican* and with George Clooney in a remake of the Rat Pack pic *Ocean's Eleven*. And expect plenty of rumors about a possible trip to the altar with boyfriend, actor Benjamin Bratt.

Hunt on a roll

Helen Hunt has been busy: The actress starred in not one, but four major movies in the span of two months, opposite male megastars Tom Hanks and Mel Gibson. In one of her next projects, Hunt, thirty-seven, joins forces with crime novelist Robert B. Parker, who wrote *Family Honor* at her request so that she could option the novel for film and play the protagonist, Detective Sunny Randall. But all is not sunny for Hunt. She and husband Hank Azaria split last May, after less than a year of marriage.

Almost Famous

Being part of a celebrity family (her mom is Goldie Hawn; her surrogate dad, Kurt *(continued on page 81)*



Kate Hudson



ON THE TOWN: Catherine Zeta-Jones and Michael Douglas have cut a glamorous figure wherever they've been—and that seems like everywhere since the couple met in 1998. Here, they attend last year's Grammy Awards ceremony in Los Angeles

Super powerbroker: eBay CEO Meg Whitman was ranked number five on Fortune's list of the fifty most powerful women.

(continued from page 79) Russell) may have helped Kate Hudson get a foot in the door, but it's talent that made it swing open. At twenty-one, Hudson won raves as groupie Penny Lane in *Almost Famous*, then followed up with a meaty role in *Dr. T & the Women*. Hudson's personal life is blooming, too. Of her boyfriend, Black Crowes singer Chris Robinson, she has rhapsodized, "I feel like I could be with this man forever." She confesses to doing a little happy dance when life goes her way, and if she gets a much-predicted Oscar nomination this year, she'll have reason to break into a full-fledged tango.



Renée Zellweger

Building a *Bridget*

Renée Zellweger is out to prove that she's more than just Jim Carrey's main squeeze. Zellweger, thirty-one, was a hit last fall as the starstruck *Nurse Betty*. Her latest coup: beating out Kate Winslet and Emily Watson for the much-coveted title role in *Bridget Jones' Diary*, due out this spring. Hoping to hush the outcry over a Yank playing the quintessentially British singleton, Zellweger immersed herself in dialect lessons and took a temp job with a London publisher. But the fifteen pounds she gained for the role reportedly led *Harper's Bazaar* to drop her from their cover. Don't worry, Renée, at any size, you always had us at "hello."

IN BUSINESS

eBusinesswoman

When eBay was looking to extend its reach beyond odd collectibles like Pez dispensers, the auction Web site looked to Meg Whitman, formerly of Disney, Hasbro and FTD, to help them do it. Three years later, eBay is one of the most successful sites ever, with $3.3 billion in sales and sixteen million users. "We are changing the face of traditional commerce by giving power to individual consumers," Whitman said, upon being tapped as CEO. Still, some things are more important than bidding on art and antiques: Whitman makes it a point to leave work early enough to spend time with her two young sons.



Meg Whitman

WOMEN ON TV

Divine!

Bette Midler has long ruled the stage, screen and recording industry, but there was one world she had yet to conquer. Until now. Last fall, Midler, fifty-five, took on TV with her new sitcom, *Bette*, in which she plays—what a stretch!—a diva entertainer juggling work, a husband and a teenage daughter. The role allows her to poke fun at herself—something she's always done best. The project comes on the heels of Midler's wildly successful "Divine Miss Millennium Tour," which outgrossed even Ricky Martin's 1999 concert tour. Now, who's living *la vida loca*?

Pollan count

After years of relative quiet, look for Tracy Pollan to come back into the public eye. Last year, as a rape victim on *Law & Order: Special Victims Unit*, Pollan, forty, turned in a stunning performance that snagged her both a Best Guest Actress Emmy nomination and a return visit in time for November sweeps. More important, she has one of the most loving and enduring marriages in the industry. *(continued)*

From television to music, fashion to sports, these
are poised to make an even bigger impact


Tracy Pollan


Toni Braxton


Bette Midler

(continued) plus three children who are being raised away from the spotlight. While Pollan and Michael J. Fox, her husband of twelve years, prefer not to dwell on his fight against Parkinson's disease, their strength and grace still shine through in everything they do.

POP PRINCESSES

Gotta have Faith

Crossover country sensation Faith Hill proved a true trouper last spring at the Oscars when she was called on at the last minute to pinch-hit for an ailing Whitney Houston. She followed that triumph with her smash-hit "Soul 2 Soul Tour 2000," with husband Tim McGraw. Along the way, Hill picked up a Country Music Association Award for female vocalist of the year (McGraw was named best male vocalist). But busy as she is, Hill, thirty-three, still makes plenty of time for daughters Maggie, two, and Gracie, three, who travel with their parents, and her work with literacy programs.

She did it again

Showing no fear of being elbowed out of the spotlight by fellow popsters, Britney Spears followed up her first hit CD with the platinum *Oops! . . . I Did It Again*. Parents fret over her suggestive lyrics and skin-baring outfits, but her fans (some as young as six) don't seem to mind. Spears, who just turned nineteen in December, seems to be making contingency plans just in case the music thing doesn't pan out: She's a major shareholder in the teen Web site *www.Sweet16.com*.

Her heart is unbroken

Toni Braxton is back with a vengeance. After two hugely


Britney Spears

Faith Hill

ccessful women
2001



Marion Jones



Stella McCartney

successful albums and an armful of awards, life for the smoky-throated songstress took a downturn three years ago. Braxton's penchant for living the good life coupled with a record contract that gave her only a smidgen of the profits left her so broke she had to file for bankruptcy. But in this business, tears can turn to triumph almost overnight. Braxton, thirty-three, sued her record company, which eventually offered her a new multimillion-dollar recording deal. That allowed Braxton to produce her first CD in four years, *The Heat*, which promptly went platinum. Having ventured into acting in Broadway's *Beauty and the Beast*, Braxton turns to movies next, playing opposite Whoopi Goldberg in *Kingdom Come*, due out in April.

IN SPORTS

Golden girl

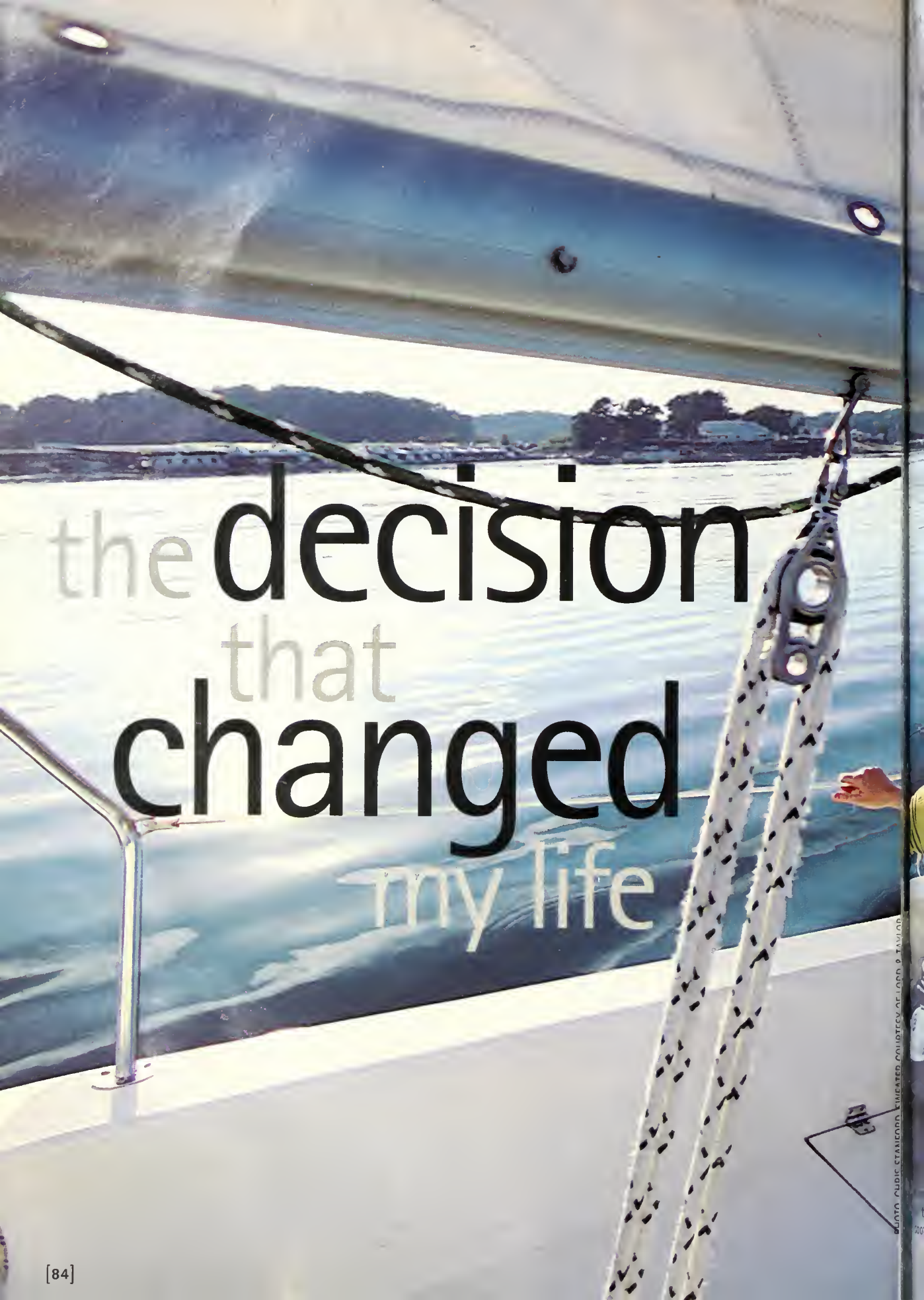
Marion Jones loves to run and hates to lose—and that's a nearly unbeatable combination. Last fall, the twenty-five-year-old sprinter became the first female track star ever to win five medals in a single Olympics (three gold, two bronze). Though she had hoped to finish first each time, Jones still left the crowds cheering. Regrettably, her joy was somewhat muted by the news that her husband, shot-putter C.J. Hunter, was accused of using steroids earlier in the year. But Jones' quiet dignity throughout the scandal spoke for itself. Her future goals: a spot in the WNBA and another try at five-time gold in 2004.

IN FASHION

Designing woman

Maybe we're amazed, but it's great to see Stella McCartney come into her own. Sales of the Chloé French clothing line increased fivefold in the first year after McCartney took over as chief designer, putting to rest any grumbling that she might have gotten the job by virtue of being Paul's daughter. Now the chic set can't get enough of her airbrushed T-shirts, tight denims and aviator sunglasses. The twenty-nine-year-old, who credits her late mom, Linda, for her fashion sense, has said, "I think if you believe in yourself and think that you have a place in an industry, then you can prove people wrong."

Don't miss our TV special
"Ladies' Home Journal's Most Fascinating Women to Watch"
on CBS, Monday, January 1, at 10 P.M. E.T/9 P.M. C.T, sponsored by CLAIROL
Tune in to see your favorite celebrities, as well as some special surprises.



the decision that changed my life



Kim Lathbury takes to the water to soothe stress

This New Year, make just one resolution, but pick one that really counts.

By Stacey Colino

Ready to get fit, lose weight, stay organized and stress less in the New Year? About 50 percent of Americans plan to make resolutions, but studies show that most will fail within six months. How can you increase your odds for success? Make one specific and realistic goal. "People are overwhelmed when they make four or five resolutions," says John C. Norcross, professor of psychology at the University of Scranton, in Pennsylvania, and lead author of *Authoritative Guide to Self-Help Resources in Mental Health* (Guilford, 2000). It also helps to have an action plan. In a recent study, Norcross found that 46 percent of those who had a plan of attack were still going strong after six months compared with only 4 percent who didn't strategize. Here are the stories of four women who put one resolution on their to-do list and met with great success. Learn how you can, too.

"I FOUND A HOBBY TO HELP RELIEVE STRESS"

Kim Lathbury, thirty, was the only media-relations coordinator fielding phone calls when the Atlanta children's hospital where she worked merged with another health-care center. "My job was always stressful, but suddenly I was working ten- or eleven-hour days," she recalls. "I was exhausted. I knew I would either have to quit or find a new way to channel my stress."

That's when Lathbury and her husband decided to take a sailing class. "We both grew up near the beach and craved being back near the water," she says. "Being on a boat is so serene, calming and relaxing—it was exactly what I needed." *(continued)*

(continued) Not only was taking the helm a great way to unwind, but it's also become a lasting hobby. "Sometimes when I'm having a stressful day, I'll visualize the water and the sound of it lapping against the boat, and it has a calming effect on me," says Lathbury. "Sailing does more for me than yoga ever did."

How to get these resolution results: Experts agree that hobbies help make you happier and boost your immune system. Simply experiment until you find one you're passionate about. You'll know when you're hooked, because you'll lose track of time.

"I MADE FITNESS A PRIORITY"

Last winter, Carla Batson, thirty, decided to get serious about getting fit. "I wasn't happy with how I looked, and when my doctor suggested I lose weight, I started to worry about my health," says Batson, a customer-services coordinator in Philadelphia. She decided to contact Melanie Marchand, founder of Sisters in Shape, a company dedicated to helping African-American women lead healthier lifestyles. Marchand reviewed Batson's fitness goals, as well as her eating and exercise habits, and came up with a workout program and a balanced-meal plan. Batson began taking a step-aerobics class, running on the treadmill or jumping rope five times a week, and weight trained twice a week.

Carla Batson, with the help of Melanie Marchand (right), lost twenty pounds



Within ten weeks, she'd lost two inches from her waist and eight pounds and found she had boundless energy. Now, a year later, Batson has lost another fifteen pounds. "I used to be really tired in the mornings," she says. "Now I jump out of bed at five-thirty or six A.M. I don't have mood swings in the middle of the day, and I don't get sick as much as I used to."

What makes her think she'll stick with the program? "I'd tried to exercise before, and I always dropped out after six weeks," explains Batson. "Working with Melanie made me more accountable and encouraged me to work harder. I feel healthier, happier and more confident than ever before."

How to get these resolution results: Add strength and flexibility training to your cardio program. It's no secret that regular cardiovascular exercise can help you relieve stress, boost your immune function and lower your risks of cardiovascular disease and breast cancer. New studies suggest that pumping iron also has some of the same benefits. Plus, building muscle boosts your metabolism, increasing the odds that you'll see results.

Marchand, a lifestyle- and weight-management consultant certified by the American Council on Exercise (ACE), advocates a four-pronged approach that includes cardiovascular and strength training, flexibility exercises and proper nutrition. Start with cardio work three times per week for thirty minutes and weight training once a week; meet flexibility goals by stretching before and after workouts or by adding a yoga class. "Remember that the results don't happen overnight," says Marchand. "It takes about six weeks for your clothes to start fitting better. That will help motivate you to continue." *Find an ACE-certified trainer at www.acefitness.com.*

"I SWITCHED DOCTORS"

Lesli Hicks, a media specialist, in San Antonio, Texas, and her husband had been trying to have a baby for three years. When she couldn't conceive, Hicks began taking fertility drugs. She trusted her doctor—she'd been seeing him for years, and he'd been her mother's and grandmother's doctor as well. But after three months of treatments, she started having severe lower back pain. When she mentioned the pain during her next visit, the doctor dismissed her concerns and instead stepped up the treatment. After two more months, Hicks's pain was more intense than ever. "But I was still too afraid to question him," says Hicks, now thirty-eight.

Finally, after two years and no results, Hicks went to another ob-gyn. "She found that I had cysts on my ovaries and endometriosis, and the fertility drugs were making both conditions worse," she says. "If the cysts had gone undiscovered, they could have twisted, causing more pain or serious hemorrhaging." Hicks stopped taking the medication and had surgery to remove the cysts and the endometrial tissue. She's been pain-free and healthy ever since. In March 2000, Hicks and her husband adopted a baby girl from China. "Switching doctors may have saved my life," she says.

How to get these resolution results: To make the most of every checkup, it helps to know how to get through to your doctor. Studies show that patients who are familiar with their medical history and ask detailed questions are more effective than passive patients in getting information from their physician. To bring up a concern or ask a question, be specific and succinct. "Sometimes doctors may dismiss an overly emotional complaint," says Mack Lipkin, M.D., director of primary care at the New York University School of Medicine, in New York City. "It's usually more effective to be matter-of-fact rather than emphatic." If your doctor still

PHOTOS: LEFT AND RIGHT, JOANNE CHAN



Bronna Canaan, with her daughter, Chloë, kicked her bad habit

doesn't respond, it's time to get a second opinion or consider switching physicians. *To find a specialist or verify a physician's board certification, go to www.certifieddoctor.org.*

"I FINALLY QUIT SMOKING"

Bronna Canaan, thirty-three, vice president of Canaan Public Relations, in New York City, had been lighting up on and off for six years and wanted to kick the habit for good. She'd tried to quit cold turkey before, with no success. This time, she decided to enlist the help of a hypnotherapist. "My husband and I wanted to have a baby, and I didn't want to put our child's health at risk," says Canaan.

It took only one session. The therapist had her do several relaxation exercises, but one was especially helpful. "I chose a mantra to repeat to myself whenever I wanted a cigarette," says Canaan. "I'd repeat the word 'freedom' until the craving passed."

Canaan has been smoke-free for three years now, making the $90 fee well worth it. In November 1999, she and her husband had a baby girl, Chloë. "Now I have too many reasons not to smoke again—like my daughter," says Canaan.

How to get these resolution results: If you're trying to quit smoking, get help. Only 8 percent of those who quit on their own are successful a year later, notes smoking-cessation researcher Harry Lando, Ph.D., a professor in the division of epidemiology at the School of Public Health at the University of Minnesota, in Minneapolis. Smoking-cessation support groups can help; success rates vary but average about 25 percent, says Lando. One recent study found that 22 percent of smokers reported being smoke-free at least five months after hypnotherapy, but experts agree that the technique needs further study.

To minimize withdrawal symptoms, nicotine patches and gums are sold over-the-counter, and two new products, a nicotine nasal spray and an inhaler, are available by prescription. Antidepressants, such as Zyban, can also ease the mood swings that often stem from withdrawal.

Need more incentive? Lung cancer is the number-one cancer killer of women. But if you quit smoking and stay cigarette-free for fifteen years, your risk of lung cancer returns to almost that of a nonsmoker. *Get more information, including quitting tips, from the American Cancer Society at www.cancer.org/tobacco.*

Personalize Your "New You" Plan

"Surprisingly, your odds of success aren't affected by the kind of resolution you make," says John C. Norcross, professor of psychology at the University of Scranton, in Pennsylvania. "Being ready and using specific skills are what determine the results." These strategies will help you reach your goal:

1. Set a goal with measurable results and a plan to help achieve it. It's harder to follow through on vague resolutions.

2. Believe in yourself. Research shows that those who are most successful have the self-confidence that they can change.

3. Get reinforcements. Special rewards, like a night out or a manicure and pedicure, can help you stay on track.

4. Forgive yourself. "In our research, after the first month, the people who were successful slipped up just as many times as those who failed," says Norcross. "But they see it as a reason to recommit, a reminder to refocus on their goal with more determination. Those who are unsuccessful say a relapse is evidence that they can't do it."

—Wendy Naugle



bye, lines Once you hit 30, fine lines around your eyes are inevitable, and look more obvious during the long, cold winter. The solution: gentle eye creams, such as Revlon Vitamin C Absolutes Eye Contour Radiance Cream ($14.95) and L'Oréal Plenitude Line Eraser Eye ($15)

winterproof your skin

When the weather turns cold, skin loses its glow. Here, how to rev up radiance with tips from the pros

Winter is rough on your skin. Between the overheated rooms indoors and frosty air outdoors, surface cells have a hard time holding on to water, according to Deborah Sarnoff, M.D., associate clinical professor of dermatology at New York University, in New York City. Flat, dry cells that build up in winter don't reflect light as well as plump, moist cells do. No wonder your skin can look dull. But with a little help, you can reclaim that lit-from-within vibrance.

With the right skin-care basics, you can keep your skin smooth and healthy-looking all through your 20's, 30's, 40's and beyond. Just follow our decade-by-decade guidelines.

20's You may start to notice the first signs of aging, such as a few laugh lines around your eyes. But stay away from rich products that might clog pores. Try a gentle gel cleanser such as L'Oréal Hydra Fresh Foaming Gel ($4.99). Once a day smooth away pore-clogging dead cells with a mild scrub such as St. Ives Ultra Gentle Apricot Scrub ($3.79). Opt for a water-based, oil-free moisturizer with sunscreen. One choice: Oil of Olay Protective Moisturizer ($7.39).

30's Your skin doesn't look as fresh because cell turnover is not as rapid as it used to be. Collagen, the protein that keeps skin wrinkle-free, begins to break down. Continue to use a gentle cleanser, but switch to a moisturizer that combines sunscreen with exfoliants to help speed cell renewal, such as Neutrogena Healthy Skin Face Lotion SPF 15 with alpha-hydroxy acids (AHAs) ($11.55). To keep skin firm and supple, smooth on a few drops of vitamin C serum before applying moisturizer at night. Try The Body Shop Vitamin C Super-Charged Serum ($18).

40's and beyond The bad news is that cell renewal and collagen production continue to slow down. The good news is that breakouts are now less of a problem. Stick with the basics recommended for thirtysomething skin, but consider adding a prescription-strength exfoliator, such as Renova, at night. You should start to see results—fresher, brighter skin—in twelve to sixteen weeks. If your skin is sensitive, ask your dermatologist about the milder 0.2 percent version, formulated to minimize any redness or flaking, which are common side effects.

...t glowing! No matter ... many birthdays you've ... your skin needs ... moisture to take it from ... lackluster to luminous. When applying your moisturizer, skip acne-prone zones, such as the areas around your mouth or along your jawline.

Produced by Carol Straley Text by Patricia O'Connor

Look on the bright side: There are new ways to fake glowing, gorgeous skin

SEE THE LIGHT "Skin looks radiant when it's moist, smooth and blemish-free, with good circulation and tight pores," says Laurie Polis, M.D., director of Soho Skin and Laser Dermatology, in New York City. If your skin doesn't look better after a few months of good routine skin care, you may need professional help, especially if skin shows signs of sun damage, such as roughness, brown spots and deep lines. Ask your dermatologist about laser treatments such as the new Cool Touch Laser. The payoff: a boost in collagen production, smaller pores, smoothing scars and softening of lines. Unlike most lasers, Cool Touch requires no downtime to recover from redness and/or blistering. Cost: $600 to $2,000 per treatment.

AT-HOME SMOOTHER If the price of a laser treatment is not in your budget or you have minimal signs of sun damage, treat yourself to a peel at home. One kit, the new Alpha-Beta Home Peel ($60) from dermatologist Dennis Gross, M.D., is available for purchase at day spas or salons (888-830-7546). Following package instructions carefully, you apply the solution of 12 to 15 percent alpha-hydroxy acids and salicylic acid to clean skin, then swipe face with a pad soaked in the neutralizer.

CATCHING RAYS New luminizing gel sticks, loose powders and lotions reflect light to even skin tone and add a pretty sheen. The shining ingredients? Ultrafine minerals, such as mother-of-pearl, topaz and rose quartz. Makeup artist Molly Roncal likes to smooth on Revlon Skinlights Face Illuminators Lotion SPF 15 ($13.95) instead of foundation. "You don't have to worry about matching skin tone exactly," says Roncal. Available in four supersheer shades, including Pink Light for fair to medium skin, Peach Light for medium to deep skin, Bronze Light for deeper skin tones and Natural Light for all skin tones. Ramy Gafni, creator of Ramy Gafni Beauty Therapy, suggests using a cheek stick, such as Chanel Face Brights in Buff ($35), along the tops of cheekbones to add definition. Prescriptives Blue Magic Phosphorescent Liquid Powder ($30) can be dusted over moisturizer or makeup for a glowing finish.

BALANCE ON THE RUN

Pamper winter-weary skin with a facial mask. Here, recommendations from Laurie Polis, M.D., on the ingredients to look for and those to avoid:

SKIN TYPE	AVOID	LOOK FOR	OUR PICK
Normal to dry	Citrus, clay, alcohol, sulfur; all are drying	Rose hip oil, glycerin, AHAs; all soften	The Body Shop Vitamin C Stimulating Mask ($15)
Oily or combination skin	Palm or mineral oil, wax esters; may clog pores	Clay, tea tree oil, salicylic acid; all control oil	Bath & Body Works BIO Purifying Facial Mask ($12)
Sensitive	Fragrance, dyes, glycolic acid, salicylic acid; may irritate skin	Sweet almond oil, jojoba oil, cucumber extract; all are soothing	Weleda Almond Facial Mask ($17.50 for three tubes); call 800-241-1030

Get Even

Harsh winter weather strips away the natural oils that protect your skin, leaving any skin type more vulnerable to irritation. But don't let red, blotchy areas spoil your glow. To even out skin tone, smooth on a concealer; one with a hint of yellow helps to neutralize redness. At night, soothe chapped areas with a gentle cream with anti-inflammatory ingredients, such as horse chestnut extract or arnica. One to try: Yon Ka Special Redness Control Creme 11 ($60). To order, call 800-533-6276.

EARRINGS COURTESY OF CAROLEE



shine on [illegible] brightening lotions and powders for the face and [illegible] be smoother than bare arms, legs and shoulders in one swift, fast gleam. Our [illegible] Vibrant Instant Body Brightener ($25) with extra moisturizers to leave skin silky.



go bronze! [illegible] burnished [illegible] makeup can [illegible] up dry, washed-out complexion. If your skin tone is fair to medium, try lipstick and eyeshadow in golden-bronze shades. Richer, reddish-brown shades of bronze add luster to darker skin tones.

The latest skin-brightening makeup colors for eyes, lips

LIGHT UP YOUR EYES One of Ramy Gafni's tricks: using an eye pencil in an icy-blue shade to wake up tired eyes. We like Origins Eye Brightening Color Stick ($11). Pale blue brightens the whites of your eyes and opens up the entire eye area; glide it along lower lashes. Next, to lighten the dark shadows you get on either side of the bridge of your nose, add a few more strokes at the inner corners of eyes. Blend with fingertips.

MORE GLEAM FOR EYES New water-and-gel-based eyeshadow glosses go on creamy, feel cool and soothing on contact, and play up eyes with a subtle shimmer. Two to try: L'Oréal Colour Fresco Refreshing Creme Eye Colour ($6.50) and Revlon ColorLights Eye Glossing ($5.50). If you're color-shy, try a gleaming neutral, such as golden peach, pale pink or warm gold.

HIGHLIGHT CHEEKS For a hint of healthy color, Gafni brushes cheeks with a sheer bronzing powder. One choice: Aveda Color Plus Define Powder in Butterfly Dust ($15). The finishing touch: a pink blusher on tops of cheekbones for a fresh-from-a-workout flush. Look for a translucent shade such as Ramy Gafni's Alive Blush ($19).

LUSTER FOR LIPS Your lipcolor should look moist, but not too glossy. A moisturizing formula helps prevent chapping. Go for a sun-kissed bronze shade such as Revlon BronzeLights Super Lustrous Lipstick in Coffee Bean ($8.75). Top it off with a dab of lip balm for extra weatherproofing. Or to add more glamour for a big night out, slick a gold lip gloss over lipstick.



THE NURSE WHO KNEW TOO MUCH



"I broke the code of silence," says Mathias. "In medicine you're not supposed to do that"

When she discovered that an experimental cancer vaccine might be putting patients' health at risk, Cherlynn Mathias couldn't stay silent—no matter what the cost

By Kathryn Casey

Cherlynn Mathias fought back tears as she confided in her priest. The Tulsa, Oklahoma, nurse was about to blow the whistle on a medical study that she believed compromised patient safety. But she needed to be sure—was she doing the right thing?

For the past year, Mathias, forty-five, had worked on a clinical trial of a vaccine developed to fight melanoma, the deadliest skin cancer, at the University of Oklahoma Health Sciences Center (OUHSC), in Tulsa. The doctor in charge of the study, J. Michael McGee, M.D., was a preeminent surgeon and cancer researcher. But Mathias had discovered that the clinical trial had some frightening safety lapses.

Although the study was terminated once this information came to light, some transgressions had not been reported to the FDA, which oversees all medical studies. And Mathias had just learned that OUHSC-Tulsa might allow McGee to publish the results of the melanoma trial. "Other doctors base their research on published studies," Mathias explained to her priest. "How can I let that happen?"

"You know what you have to do," he told her. "You have to report it."

Mathias thought about the repercussions. A single mom, she could lose her job and be unable to support her two teenage sons. "And I liked the men I worked for," she says. "I didn't want to hurt them."

But she knew her priest was right. Four days later, on June 7, 2000, Mathias contacted the Office of Human Research Protections (OHRP), a newly formed sister agency of the FDA, and turned in her bosses. One physician retired, and three others were asked to resign.

"The issues Cherlynn brought up are important, and we're glad they've come to light," says the University of Oklahoma's spokesman Gary Raskob, Ph.D., associate vice president for clinical research.

For Mathias, however, life may never be the same. "It's hard to do the right thing," she says. "You have to believe in yourself, and you can't be afraid."

A STUDY IN TROUBLE

Mathias joined OUHSC-Tulsa in June 1999 as a nurse coordinator of the melanoma vaccine study. "I liked the thrill of cutting-edge medicine," she says. "I felt like I was making a difference in people's lives."

Unlike the majority of medical studies in which drugs are developed and manufactured by pharmaceutical companies, McGee had brought the melanoma vaccine to the university, where it was being produced in a small lab. "Dr. McGee told me he was having great results," she recalls.

Those first weeks, Mathias remembers being impressed as she watched McGee comfort his patients, many of whom had terminal cancer. Their only hope was this vaccine.

Still, she quickly realized that the study was in trouble. The protocol, the FDA-approved blueprint for the research, limited the trial to fifteen patients with advanced stage-three or stage-four cancers. McGee had accepted nearly fifty patients, some in the early stages of the disease.

As weeks passed, Mathias discovered even more shocking lapses. Since the vaccine was experimental, the protocol called for observation by a doctor or nurse for thirty minutes after each injection. But McGee sometimes sent patients home to administer the vaccine themselves. Adverse reactions suffered by patients, such as high fevers and shortness of breath, were not being documented.

There were also problems with the vaccine's production. Marion Patten, the medical technologist in charge of manufacturing it, told Mathias that because McGee accepted nearly every patient who came to him, she had trouble keeping up with the demand.

When Mathias confronted McGee with her discoveries, she says he appeared uninterested. "Show me where it says that," he insisted.

"I brought him the regulations," she says. "But instead of changing things, he just kept doing what he wanted to. He hated to turn any [patient] away. And he wanted the study to become a big multicenter effort."

Despite the problems, the vaccine seemed to show promise in treating melanoma. "Eight people who probably should have died were in remission," says Mathias. "I thought maybe Dr. McGee was on the right track, that he'd found a cure."

She decided to do everything possible to ensure that McGee followed the regulations so that his results could be replicated in future research. Only then would the drug have any chance of FDA approval. "What if he had a cure and it was lost?" she asks. "I couldn't let that happen."

Mathias began spending up to ninety hours a week in the office, pulling together records and reconstructing patients' charts. *(continued on page 110)*

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WHITE AND GREEN CHILI

Whip up big-time chili with convenient meatloaf mix and prepared green salsa.

Total prep and cooking time: 30 minutes

1 pound unseasoned meatloaf mix (1/3 pound each ground veal, pork and beef) or ground round
1 small onion, chopped
2 cans (15 oz. each) great Northern or white beans, rinsed and drained
1 can (14 1/2 oz.) chicken broth
1 jar (16 oz.) prepared green salsa
1 1/2 teaspoons cumin
4 tablespoons chopped fresh cilantro, divided
1/2 cup sour cream

1. Heat a large Dutch oven over high heat. Add meat mixture and onion, and cook, breaking up meat with spoon, 5 minutes, until no longer pink. Drain any fat. Add beans, broth, salsa and cumin. Bring to a boil; reduce heat and simmer 15 minutes.
2. Stir in 3 tablespoons cilantro. Garnish each serving with sour cream and remaining 1 tablespoon cilantro. Makes 4 servings.

Per serving: 480 calories, 21 g total fat, 9 g saturated fat, 86 mg cholesterol, 1,536 mg sodium, 37 g carbohydrates, 32 g protein, 107 mg calcium, 9 g fiber

SHRIMP GUMBO

Shrimp and sausage team up in this Cajun-style stew.

Total prep and cooking time: 30 minutes

1/2 pound andouille or Cajun sausage, coarsely chopped
1 medium onion, chopped
1 green bell pepper, diced
1 can (14 1/2 oz.) whole tomatoes in juice, chopped
1 1/4 cups water
1/2 cup long-grain rice
1 1/2 teaspoons minced garlic
1 teaspoon Cajun or Creole seasoning
1 pound medium shelled and deveined shrimp

1. Heat a Dutch oven over high heat. Add sausage, onion and pepper, and cook 5 minutes, until onion begins to brown. Add tomatoes, water, rice, garlic and seasoning; stir. Bring to a boil; reduce heat and simmer covered, 15 minutes, until rice is tender.
2. Stir in shrimp. Return to a boil; reduce heat and simmer covered, 2 to 3 minutes more, until shrimp are cooked through. Makes 4 servings.

Per serving: 400 calories, 17.5 g total fat, 6 g saturated fat, 178 mg cholesterol, 1,178 mg sodium, 30 g carbohydrates, 29 g protein, 118 mg calcium, 2 g fiber

Recipes by Sarah Reynolds



Mellow out

Tame the taste of raw onions by rinsing in a sieve under cold water.



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Eat Smarter

Easy changes to make in your family's diet right now: You'll lose weight, boost energy and stay healthier By Jane Kirby, R.D.

1. Enjoy Soy

Eating soy—fresh soybeans (edamame), nuts, soy milk or soy burgers, and perhaps the most famous form, tofu—can reduce the risk of heart disease, osteoporosis, and breast and prostate cancers and may relieve the symptoms of menopause. The Food and Drug Administration now allows health-claim labels on foods that deliver at least 6.25 grams of soy protein per serving (based on the assumption that we need 25 grams each day).

SOYFUL SCALLOPED POTATOES

Tofu and golden potatoes make this dish as tasty as the traditional version.

Prep time: 30 minutes plus standing
Baking time: 55 to 60 minutes

- 1 package (19 oz.) firm tofu
- 4 teaspoons butter, divided
- 1 medium (12 oz.) sweet onion, cut into very thin wedges
- 1/2 teaspoon thyme
- 2 pounds Yukon gold potatoes, peeled and cut into 1/4 inch slices
- 1/2 teaspoon salt
- 1/4 teaspoon freshly ground pepper
- 1/4 cup grated Parmesan cheese, divided
- 1 1/3 cups chicken broth

1. Arrange tofu on 4 layers of paper towels; top with one layer of towels, a cookie sheet and 2 large cans. Let stand 20 minutes.

2. Meanwhile, heat oven to 400°F. Melt 3 teaspoons butter in a 12-inch nonstick skillet. Add onion and thyme and cook, stirring, until golden.

3. Toss potatoes, salt and pepper in a bowl. Arrange half the slices in a shallow 2-quart baking dish. Crumble half the tofu over potatoes, then half the onion and cheese. Repeat. Add broth and dot with remaining butter. Cover dish; bake 40 minutes. Uncover and bake 15 to 20 minutes, until potatoes are tender. Let stand 10 minutes. Makes 6 servings.



No one at the table will suspect that Soyful Scalloped Potatoes aren't the high-fat real thing

Per serving: 280 calories, 10.5 g total fat, 3.5 g saturated fat, 10 mg cholesterol, 546 mg sodium, 33 g carbohydrates, 17 g protein, 231 mg calcium, 3 g fiber

2. Eat More Fish

Fish is the best source of omega-3 fatty acids, often in short supply in the American diet. Omega-3s help reduce the risk of heart disease and diabetes and increase immune response. The American Heart Association guidelines now recommend eating fish twice a week.

SALMON AND SOBA NOODLES

Poaching salmon in an aromatic broth is a healthy way to prepare it.

Prep time: 20 minutes
Cooking time: 10 minutes

- 8 ounces soba noodles
- 2 bags (10 oz. each) fresh spinach
- 2 teaspoons Asian sesame oil
- Pinch salt
- 1 teaspoon grated fresh ginger
- 1 teaspoon finely chopped garlic
- 4 (4 oz. each) skinless salmon fillets

Broth

- 1 can (14 1/2 oz.) chicken broth
- 1 star anise
- 1 large clove garlic, sliced
- 2 quarter-sized unpeeled ginger slices
- 2 tablespoons saké
- 2 teaspoons soy sauce
- 1/4 teaspoon red pepper flakes

1/3 cup sliced green onions

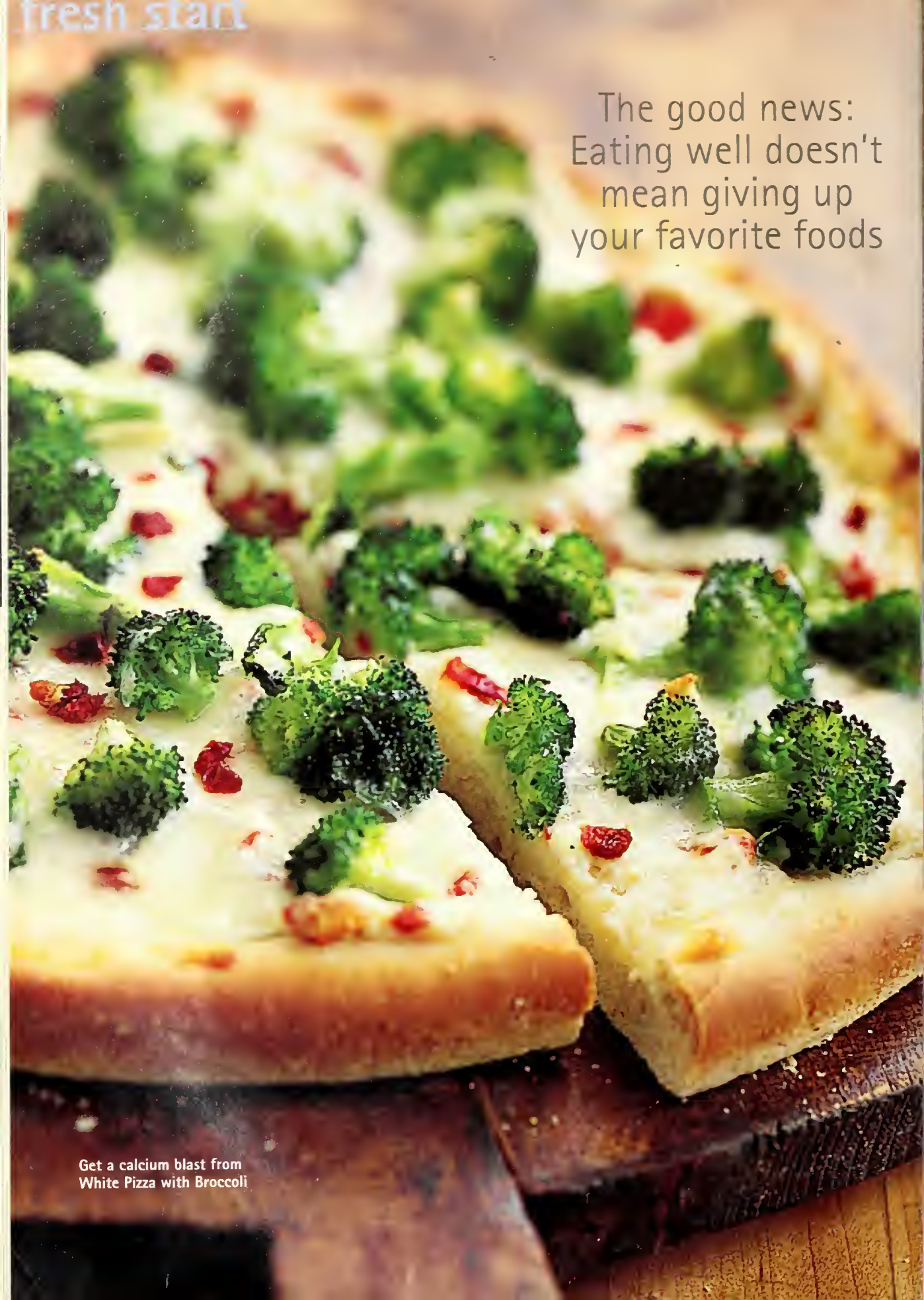
1. Cook noodles according to package directions. During last 2 minutes of cooking, add spinach to same pot; cover and cook just until wilted. Drain and toss in a bowl with the sesame oil and salt. Spoon noodles and spinach into four bowls; keep warm.

2. Rub ginger and garlic over salmon. *Make broth:* Combine all ingredients in a deep 12-inch-wide skillet. Add fish and bring to a simmer. Cover and simmer 4 to 5 minutes; let stand 2 minutes. Transfer salmon to bowls. Remove star anise, garlic and ginger slices. Ladle hot broth into bowls. Sprinkle with green onions. Makes 4 servings.

Per serving: 535 calories, 19.5 g total fat, 4 g saturated fat, 84 mg cholesterol, 1,289 mg sodium, 51 g carbohydrates, 42 g protein, 190 mg calcium, 6 g fiber



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The good news: Eating well doesn't mean giving up your favorite foods

Get a calcium blast from White Pizza with Broccoli

3. Got Calcium?

In combination with vitamins D and K, calcium helps build bone, but only until about the age of twenty-five; then the goal is to maintain the bone you've got. Dairy products are the best source of calcium, but if you don't get enough calcium from your diet, your body will leech what it needs from bone, which ultimately leads to thinning. Calcium is also crucial for normal blood pressure and heart health, so women should try to take in a minimum of 1,000 to 1,200 milligrams of calcium daily from foods or supplements.

WHITE PIZZA WITH BROCCOLI

The nonfat dry milk in the crust and the cheesy topping gives each serving of this pizza about as much calcium as a six-ounce glass of nonfat milk.

Prep time: 40 minutes plus standing
Baking time: 15 minutes

Dough

- 1 package active dry yeast
- 1/4 cup warm water (105°F. to 115°F.)
- 3/4 cup water
- 2 tablespoons olive oil
- 2 tablespoons honey
- 3 cups all-purpose flour
- 1/3 cup nonfat dry milk
- 1 teaspoon salt

Topping

- 1 tablespoon olive oil
- 1 large bunch broccoli (1 lb.), trimmed and cut into 1 inch florets
- 1/2 cup chicken broth
- 1 tablespoon chopped garlic
- 1 tablespoon cornmeal
- 1/2 cup part-skim ricotta cheese
- 2 tablespoons nonfat dry milk
- 2 tablespoons chopped sun-dried tomatoes in oil, patted dry
- 1 cup shredded low-fat yogurt cheese or part-skim mozzarella cheese

1. *Make dough:* Sprinkle yeast over warm water in a cup; let stand 5 minutes, until yeast is bubbly. Add 3/4 cup water, oil and honey.

2. Pulse together flour, dry milk and salt in a food processor. With motor running, pour yeast mixture through feed tube; process until mixture forms a ball. Pulse dough 1 minute. Place dough in a greased bowl, turning to grease top. Cover and let rise in a warm, draft-free place until doubled in bulk, about 1 hour.

3. Punch down dough; divide in half. *(Wrap one piece of dough in plastic. Refrigerate overnight or freeze up to 1 month for another pizza.)*

4. Arrange oven rack on bottom shelf. Heat oven to 450°F.

5. *Make topping:* Heat oil in a large skillet over medium heat. Add broccoli; cook, stirring, 2 minutes. Stir in broth and garlic. Cover skillet; reduce heat to medium-low and cook until broccoli is tender, 5 minutes. Cool.

6. Sprinkle large cookie sheet with cornmeal. On a lightly floured surface, roll dough into a 12 inch circle. Transfer to prepared sheet. Combine ricotta, dry milk and sun-dried tomatoes. Spread ricotta mixture evenly on top of dough, then sprinkle evenly with cheese. Arrange broccoli mixture on top. Bake pizza until crust is golden brown, 15 minutes. Makes 8 servings.

Per serving: 340 calories, 8.5 g total fat, 1.5 g saturated fat, 7 mg cholesterol, 432 mg sodium, 52 g carbohydrates, 13 g protein, 187 mg calcium, 3 g fiber

4. Go with the Grains

Fiber is crucial for digestive health, but it also may help you eat less fat (people who eat lots of fiber generally weigh less than those who don't). Another bonus of whole grains is that they supply vitamins E and B6, and magnesium, zinc, copper, manganese and potassium—vital nutrients often lacking in the average person's diet. Aim to eat at least six servings (20 to 35 grams) daily, with at least three whole grains, such as whole wheat, oatmeal, barley and brown rice, for the biggest fiber boost.

BARLEY WALDORF SALAD

To bring out barley's best nutty flavor, we toasted the grains just before tossing them with some crunchy apple, celery and grapes.



One serving of Barley Waldorf Salad provides a quarter of your recommended daily fiber needs

Prep time: 25 minutes plus cooling
Cooking time: 27 to 35 minutes

- 3/4 cup pearl barley
- 3 3/4 cups water
- 1 1/4 teaspoons salt, divided
- 2 tablespoons light mayonnaise
- 3 tablespoons plain low-fat yogurt
- 1/4 teaspoon grated lemon peel
- 1 tablespoon fresh lemon juice
- 1/4 teaspoon sugar
- 1 1/2 cups green and red seedless grapes, cut in half
- 1 Gala or Fuji apple, cored and diced
- 1/2 cup finely chopped celery
- 1/4 cup chopped walnuts, lightly toasted
- Grapes, for garnish

1. Heat a large skillet over medium heat 2 minutes. Add barley and toast, stirring occasionally, 4 to 5 minutes, or until barley is golden brown. Combine barley, water and 1/2 teaspoon salt in a 3-quart saucepan; bring to a boil. Reduce heat to medium-low; cover and simmer 27 to 35 minutes until tender. Drain. Cool 30 minutes.

2. Whisk together the mayonnaise, yogurt, lemon peel, juice, remaining 3/4 teaspoon salt and sugar in a large bowl. Stir in the barley, grapes, apple and celery. Sprinkle salad with walnuts; garnish with grapes. Makes 6 servings.

Per serving: 210 calories, 6 g total fat, 1 g saturated fat, 2 mg cholesterol, 257 mg sodium, 35 g carbohydrates, 6 g protein, 50 mg calcium, 7 g fiber



Roasted Vegetable Frittata deliciously serves up veggies and protein-rich eggs

5. Go Vegetarian Sometimes

Replacing a meat-based meal two or three times a week with one built on vegetables is not only economical but also healthy. Be sure to plan your menu to include lean nonmeat protein, such as eggs, beans or soy.

ROASTED VEGETABLE FRITTATA

Roasting the vegetables intensifies their flavor and can be done a day ahead.

Prep time: 35 minutes
Baking time: 50 minutes

- 1 tablespoon plus 1 1/2 teaspoons olive oil, divided
- 2 red bell peppers, cut into quarters
- 2 yellow bell peppers, cut into quarters
- 4 garlic cloves, unpeeled
- 2 zucchini (1 lb.), cut into 3x1/2-inch-thick slices
- 1 onion, cut into 1/2-inch-thick slices
- 1 teaspoon salt, divided
- 1/4 cup chopped fresh flat-leaf parsley
- 8 large eggs
- 1/4 teaspoon ground red pepper
- 1/3 cup freshly grated Parmesan cheese

1. Arrange oven racks on lower and center third of oven. Heat oven to 425°F. Line the bottoms of a broiler and a jelly-roll pan with foil. Brush pans with 1 teaspoon oil.
2. Arrange bell peppers and garlic on one pan and zucchini and onion on the other. Brush vegetables with 1 tablespoon oil. Roast zucchini and onion on lower rack and bell peppers and garlic on center rack 15 minutes. Remove zucchini and onion from oven. Transfer bell peppers to lower rack; roast 10 minutes more, until charred. Cool vegetables 5 minutes. Remove garlic from skins. Coarsely chop garlic and vegetables. Transfer to bowl. Stir in 1/2 teaspoon salt and parsley. Reduce oven temperature to 350°F.
3. Brush a 9-inch nonstick cake pan with remaining oil. Whisk eggs, remaining salt and ground red pepper in a bowl. Stir in vegetables and Parmesan. Pour mixture into a cake pan.
4. Bake 50 minutes, until center is set. Cool in pan 5 minutes. Invert frittata onto a large serving plate, then invert again. Makes 6 servings.

Per serving: 230 calories, 16.5 g total fat, 4 g saturated fat, 288 mg cholesterol, 480 mg sodium, 10 g carbohydrates, 12 g protein, 135 mg calcium, 2 g fiber

6. Eat Breakfast and Lose Weight

Perhaps the best reason to eat this meal is that after an overnight fast, your body needs fuel to get moving. Otherwise, metabolism slows, which reduces how many calories you burn. Another side effect of missed breakfast is you'll be more apt to overeat at lunch. Studies have shown that children who skip breakfast have difficulty concentrating during the day. It's true for adults, too.

BANANA OAT MUFFINS

These tasty muffins freeze beautifully, so you can have a supply at the ready for the A.M. rush.

Prep time: 20 minutes
Baking time: 20 to 22 minutes

- 2 1/4 cups old-fashioned oats, divided
- 3/4 cup rye or whole-wheat flour
- 1/3 cup plus 1 teaspoon sugar
- 1 teaspoon baking powder
- 1/2 teaspoon baking soda
- 1/2 teaspoon salt
- 3/4 teaspoon cinnamon, divided
- 1/2 teaspoon ginger, divided
- 1 cup buttermilk
- 1 large ripe banana, mashed
- 2 large eggs
- 2 tablespoons plus 1/2 teaspoon vegetable oil, divided
- 1 teaspoon vanilla extract

1. Heat oven to 350°F. Line twelve 2 1/2-inch muffin-pan cups with cupcake/muffin liners.
2. Process 2 cups oats in a food processor until fine. Transfer oats to a bowl; stir in flour, 1/3 cup sugar, baking powder, baking soda, salt, 1/2 teaspoon cinnamon and 1/4 teaspoon ginger. Whisk together buttermilk, banana, eggs, 2 tablespoons oil and vanilla in bowl. Stir buttermilk mixture into flour mixture until blended.
3. Combine remaining oats, sugar, oil, cinnamon and ginger in a cup.
4. Spoon batter into muffin-pan cups. Sprinkle tops with oat mixture. Bake 20 to 22 minutes, until a toothpick inserted in center of a muffin comes out clean. *(Can be made ahead. Wrap and freeze up to 1 month. Thaw at room temperature 2 hours.)* Makes 12 muffins.



Per muffin: 160 calories, 4.5 g total fat, 1 g saturated fat, 36 mg cholesterol, 222 mg sodium, 25 g carbohydrates, 5 g protein, 62 mg calcium, 3 g fiber

7. Get Your Five-a-Day

The science is loud and clear: Fruits and vegetables are nutritional gold mines, yet most Americans eat only about one quarter serving of produce a day. And half of us eat no fruits at all on some days. While supplements can supply vitamins, minerals and fiber, they can't supply other nutrients, like phytochemicals and antioxidants, in produce that help maintain health, improve immunity and reduce effects of aging. A "serving" is only about half a cup, so a five-a-day program is a doable goal.

8. Go Nuts

A handful of peanuts, a few chopped walnuts, pecans—there's good reason to enjoy them more *(continued)*


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(continued) often. Although nuts are a high-fat food, they are an excellent source of fiber, zinc and iron, plus the antioxidants vitamin E and selenium. Some research shows that when people include nuts in their diet, total calorie intake does not increase, and appetite may actually decrease. There is no evidence to show that weight gain is associated with eating nuts as part of a healthy diet.

9. Have a Snack

Research shows that when people snack, they are less likely to overeat at meals. A typical three-meals-a-day-no-snack pattern of eating can be unhealthy if you eat lunch at noon and must wait six to seven hours for dinner, as the body is better able to absorb and use the nutrients in foods when intervals between meals are shorter. Plan snacks as mini meals, with some protein, carbohydrates and just a bit of fat to carry you to your next meal.

10. Fill Up on Folate

Folate (a.k.a. folic acid, folacin) is a crucial nutrient in normal fetal development. Without adequate folate in the early stages of pregnancy, a woman has a greater risk of having a baby with neural tube defects, such as spina bifida. Folate is also associated with decreased risk of cervical cancer and heart disease. Researchers are so convinced that folate is vital to health that dietary recommendations have recently been doubled. Dark-green leafy vegetables and legumes are especially rich sources, as are most enriched grain products.

11. Eat Like a Child

Watch children at mealtimes and you'll see they eat when they're hungry and stop when they're not. As adults, we've become used to cleaning our plates and eating on a time schedule, all the while ignoring our inborn hunger clues. Listen to your body and be mindful about meals. An adult woman needs a minimum of 1,200 calories a day and a man needs at least 1,600 calories each day.

12. Get an Oil Change

To reduce your risk of heart disease, it's important to lower your blood level of cholesterol. You can do that by eating less saturated fats (such as butter and the fat on meat) and trans-fats (found in some margarine and commercially prepared foods containing partially hydrogenated oils). Switch to polyunsaturated vegetable oils, corn, safflower, sunflower and salad oils to help lower your total cholesterol level; monounsaturated olive, canola and peanut oils lower only the harmful kind of cholesterol, the LDLs, and have no effect on HDLs, the good cholesterol.

13. Count Calories, Not Fat Grams

A recent University of Vermont weight-control study divided a group into "fat counters" versus "calorie counters." The fat counters were told to restrict fat, but no limits were put on how many calories they could eat. The other group counted calories but were not restricted on fat grams. After six months, the calorie counters lost more than twice as much weight as the fat counters! One reason: Many low-fat foods have exactly the same number of calories as the regular ones. The fat counters were eating too many calories even though they were eating hardly any fat.

14. Drink Water

Studies show that when you think you're hungry, often you're actually thirsty. Dehydration is a major cause of fatigue. So if you find yourself reaching for a little pick-me-up, drink a glass of water first. This is especially important in air-conditioned and heated buildings, where moisture is removed from the air, and your body. The average adult loses about 2½ quarts of water a day. Drink up.

10 Under 100

Great snacks for 100 calories or less

Got the munchies? You don't have to spend the afternoon trying to avoid a craving, just keep it in check with one of these choices

2 Blue Diamond Almond Nut Thins	80 calories
10 Terra Blues Potato Chips, 40% fat reduced	90 calories
2 tablespoons hummus on 1 Wasa rye cracker	95 calories
2 tablespoons dry-roasted sunflower seeds	95 calories
10 dried apricots	100 calories
2 JJ Flats Flatbread (plain)	100 calories
2 regular Oreo cookies	100 calories
6 dried plums	100 calories
½ fresh cantaloupe	100 calories
1 Sara Lee Chocolate Dipped Original Cheesecake Bite	100 calories

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THE NURSE WHO KNEW TOO MUCH

Continued from page 95

She barely saw her sons, Matt, eighteen, and Alex, fifteen. Late at night, they would call her at work and beg her to come home. "I told them I couldn't," she says. "Afterward, I found out they'd try to stay awake for me. It made me feel terrible..I'd let them down."

BLOWING THE WHISTLE

By October, Mathias realized that she couldn't clean up the study by herself. "I was putting my job in jeopardy. I knew that," she says. "I didn't feel I had a choice."

She went to Ed Wortham, Ph.D., a reproductive biologist and the director of the university's office of research.

"I knew he thought I was an alarmist, that I didn't know what I was talking about," she says.

Wortham denies that he ignored her entreaties, insisting, "We tried to respond to a lot of her issues."

By winter, the melanoma study had ballooned to more than ninety patients—more than six times its approved enrollment. To keep up with the demand, Marion Patten told Mathias she didn't have time to run all the FDA-required safety tests. "McGee had said, 'I just want you to make more vaccine,'" says Mathias.

Convinced that she had to do something, she went above Wortham's head to Thomas Broughan, M.D., the surgery department chair. He listened intently as she described the problems with the study. When she finished, he picked up the phone.

"Cherlynn is in my office, and she's told me some startling things," he told Wortham. "I want you and Dr. McGee in my office tomorrow to hear this from her."

The next day, Mathias repeated her charges in front of the three doctors. Furious, McGee challenged her. "Bring in an independent auditor," she told him. "Let them review the study." McGee agreed.

At the end of January, an auditor visited the university to do a preliminary one-day review. Afterward, the auditor met with Mathias, McGee, Wortham and Broughan.

"Everything Cherlynn ha telling you is absolutely true," t ditor informed them. The stu only was out of compliance wit regulations, but there were also safety considerations, she exp The lab procedures were lax, ex the vaccine to contaminati jeopardizing patient safety.

Shaken, the team discussed proceed. Broughan ordered to write to the FDA about the t with the study. But in a letter February 7, 2000, McGee de the problems merely as incor charts and "minor protocol cha

Meanwhile, at the requ Broughan, Wortham and M Mathias contacted a second a On March 6, Nadene Hausman the Massachusetts firm of Hausm Wynne Associates arrived for a day review. Her findings were as those of the first auditor. In a to the issues Mathias had already Hausmann uncovered such problems as a failure to test the for contaminants. In fact, the had been so loose that the vacci ied from lot to lot, she said, m impossible to be sure that patien receiving the same drug with e jection. Most shocking of all, sh find no evidence that McGee h ed all of the batches of the vac animals before giving it to patie

Hausmann's recommendati to immediately terminate the She was so concerned about t cine's safety that she suggested maining lots be destroyed or "For research use only. Not in humans."

"It was like a bomb had go says Mathias.

THE OUTSIDER

As word swept through the that the study had been stopped. ias found herself an outcast. and nurses looked away as she past. She heard from co-work McGee blamed her for what h pened. "He'd been saying I w cally out to get him," she rem "I became increasingly isolated."

In April, McGee sent *(co*

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lany health authorities now se the Body Mass Index (BMI), n index of ratios, to gauge a erson's healthy weight.

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"It's hard to do the right thing. You have to believe in yourself, and you can't be afraid"



(continued) letters to patients telling them that the study had been stopped. But rather than address the problems with the study, including the safety issues, patients were told that there wasn't enough vaccine to continue. At the clinic, the phone rang constantly.

"The patients didn't believe it," says Mathias. "Some asked if there was another reason they weren't being told of."

In May, McGee wrote the FDA to announce that he'd closed the study and stopped treating patients with the vaccine. He explained that it was merely a matter of "insufficient staff and our inability to release adequate amounts of vaccine. . . . There were no significant safety issues."

Just a few weeks later, Mathias was stunned to hear that the university's Institutional Review Board (IRB), a panel that oversees all research on patients conducted at OUHSC-Tulsa, decided to allow McGee to publish the results of the study. "I couldn't believe it," she says.

She managed to track down the report of the board's meeting on the issue. "I realized Dr. Daniel Plunket, the IRB's head, hadn't told the other members what had really happened," she says. "He wasn't keeping them informed."

She sought the counsel of her priest. Four days later, on June 7, Mathias faxed a ten-page letter to the OHRP, recounting her tenure with the university and McGee. "This is the reason I am reporting the information," she wrote. "I consider the suppression of the information as unethical."

The following Friday, her phone rang. "Ms. Mathias?" a man asked.

"Yes?"

"I'm Dr. Michael Carome, chief of compliance at OHRP."

THE RIGHT THING TO DO

Two days later, the OHRP notified the university that it was under investigation. "The next day, one of my bosses at the university escorted me to my office to pick up my belongings," says Mathias. "Then I was told to leave. . . . I was treated like a criminal. I cried in my car."

When the story broke in the local newspapers, Mathias received angry, sometimes threatening, phone calls. "You'll be sorry for what you've done," anonymous callers warned. Her home was vandalized, windows broken. "It was frightening," she admits.

Meanwhile, the OHRP, in its first major action against a university, moved swiftly. After a two-week investigation, the agency found that the melanoma project had ignored basic tenets of scientific research, jeopardized patients' health by administering a vaccine that had not been properly tested, then covered up the problems by not informing the university IRB, the FDA or patients.

On June 29, 2000, the OHRP suspended all federally funded research involving patients at OUHSC-Tulsa. Within weeks, Plunket retired. Wortham and the dean of the health-sciences center were asked to resign for failing to promptly report the problems with the study to the FDA and OHRP.

"We were scapegoats," say Wortham, who has hired a lawyer t try to reclaim his job. He maintain that he did notify higher-ups at th university about the melanoma study but that the school had no procedure in place for handling such a situation He also insists that Mathias' action were unnecessary and that at the tim she turned them in, he and the dea were preparing to notify the FDA.

Wortham describes Mathias as a unstable employee, citing a con frontation she had with a co-worke months before blowing the whistl When asked about the incident Mathias admits that she got into heated argument with a colleagu over a computer problem. "I'd bee emotionally upset and on edge fo months," she says.

As for McGee, he has refused th university's request to resign. Scho officials are currently in the process revoking his tenure and removin him from the staff, says spokesma Gary Raskob. Last summer, th OHRP made additional charge against McGee, including that he a legedly funneled funds *(continue*



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THE NURSE WHO KNEW TOO MUCH

Continued

from another clinical trial to the vaccine study. "The university is investigating," says Raskob.

In a written statement to *Ladies' Home Journal* from his attorney, McGee denies Mathias' allegations and depiction of events. He contends that he never misled patients or government authorities and that the vaccine has always been safe and properly manufactured. "Vaccines for melanoma have shown promise. . . . The hope of this study was to be part . . . of the cure for this cancer, which is increasing in dramatic fashion each year," he stated.

But the issue of the vaccine's safety may never fully be resolved. In tests done by OUHSC-Tulsa of batches of the vaccine produced in 1997 and 1998, two of eight guinea pigs died within six days after injection; two others were put to sleep. However, not enough of the drug remained to do additional testing. Raskob insists there's no evidence that the vaccine was dangerous.

Some of the patients are more than willing to believe the vaccine is safe. Eight of them petitioned the FDA late last summer and gained access to the remaining batch of the drug produced in 1999. "This was my only chance for life," says Rosemarie Whism fifty-nine. She dismisses the possibi that there was ever anything wr with the vaccine and claims to cancer-free as a result of it.

To prevent future transgressi in clinical trials, the University Oklahoma has now adopted a n set of guidelines governing resear The OHRP has allowed OUHS Tulsa to continue clinical studies patients. However, the agency cluded any projects run by McG An FDA investigation into the v cine trial continues.

For Mathias, the saga is over. Sh now concentrating on repairing relationships with her sons. They to family therapy once a week. " doing mom things—baking cook and helping with homework," says. "But it's going to take time."

At the time the *Journal* went to pr Mathias was in the process of nege ating a severance package with university. "Then I'm going to look another job in research," says Math But she knows it won't be easy. "I broken the code of silence. In medic you're not supposed to do that."

Would she do it again? "Yes," insists. "The system was broker needed to protect the patients."

Are Clinical Trials Safe?

Most research studies are safe, say experts, and often offer new hope for the ter nally ill. Still, it's important for patients who are considering joining a clinical tria do their homework.

First, it's vital to understand what phase the study is in, says Svetomir Markovic, M Ph.D., co-chair of the Melanoma Study Group at the Mayo Clinic. Phase I studies loo toxicity and dosage. In Phase II studies, researchers begin assessing efficacy. It isn't L Phase III, however, when the drug is compared to traditional treatment (or placebo there is no traditional treatment) that there's any data to back up claims of effectiven

In addition, there are often potential minefields in clinical trials. For example, is doctor being paid by a drug company to bring patients into the study? "That's a h problem," says Leonard Zwelling, M.D., M.B.A., vice president of research administra at the University of Texas M.D. Anderson Cancer Center, in Houston, where such prac is against policy on the theory that it could breed a conflict of interest. Not only that, consider whether the physicians in charge of the study spend time assessing your c Do they seem interested in your reactions to the drug? Are medical records well kept you're not receiving good basic medical attention, says Zwelling, the likelihood of get good clinical research is that much less.

Finally, if in doubt, remember that you can call it quits. Patients have the right to c out of a study at any time, for any reason. —

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A Taste of Freedom

Lovell, Maine, Saturday, 10 A.M.

Who: Nicolas Azel, 11, photographed by his father, José Azel Aurora, 47.
Where: An apple tree in his backyard in the foothills of the White Mountains.
What: "I like to lick snow because it makes me feel hot and cold at the same time," says Nicolas, "The snow feels good going down your throat and cools you off inside."
Why: "I came to the U.S. from Cuba as a child, and I'll never forget the first time I saw snow," says José. "It had such an impact on me that my wife and I decided to settle in Maine. Now our children have the freedom to play in the snow all winter long."

—Melinda Leader

;' Home Journal
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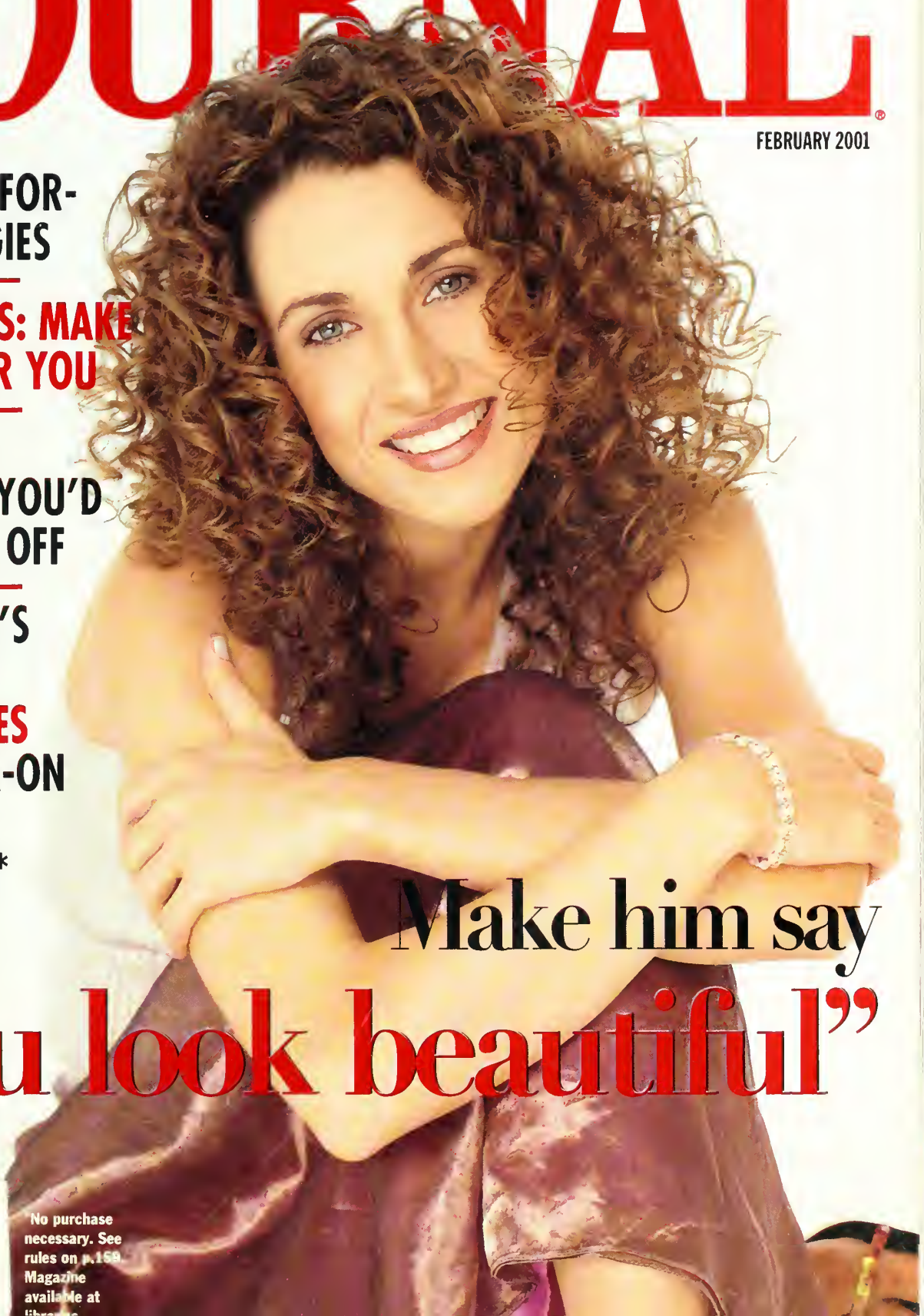
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LADIES' HOME
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Everyday Survivors

Last year when my friend Holly Reich asked me to join her on the Avon Breast Cancer 3-Day Walk, I agreed without a second thought. After all, over the last five years, I've been so inspired by Holly's attitude about her own fight with breast cancer. Besides, I figured, it's a walk. How hard could it be?

That's why the three days—sparkling autumn days that led us from Bear Mountain, New York, to Manhattan—were such an adventure. First of all, at every step, I was surrounded by three thousand women (and a few men) on personal crusades. Many, like Holly, walked to celebrate beating cancer; others, like me, walked to support someone like Holly. And many walked in memory of someone they had lost. Along the route, well-wishers tacked up signs in memory of still more women who have died—sisters, mothers, aunts, daughters. Second, the walk was rough. Fifty-six miles is farther than I like to drive.

It was hard not to cry. How could you not get misty when the kind café owner in Nyack, New York, handed out thousands of tiny pink-ribbon sugar cookies? Or when the Brownie troop in Demarest, New Jersey, lined up to high-five us as we marched by? Or when the elderly woman in Harlem, emerging from church in a perfect Sunday hat, stopped to thank me and tell me about her sister's death from breast cancer?

At *Ladies' Home Journal*, our slogan is "Never Underestimate the Power of a Woman," and this was power: Our three-day trek raised an astonishing $8 million; since 1993 the Avon Breast Cancer Crusade has raised more than $80 million. This year you can walk in Atlanta, Chicago, Los Angeles, Boston, Washington, D.C., Seattle and San Francisco—start buying socks now, check out *www.breastcancer3day.org* or call 888-332-9286 and get ready to change your life.

In this issue, you can read more about real-life survivors on page 54: They fended off terrorists and a tiger, and one even gave birth in a tree—with only her mother-in-law and her two toddlers for company.

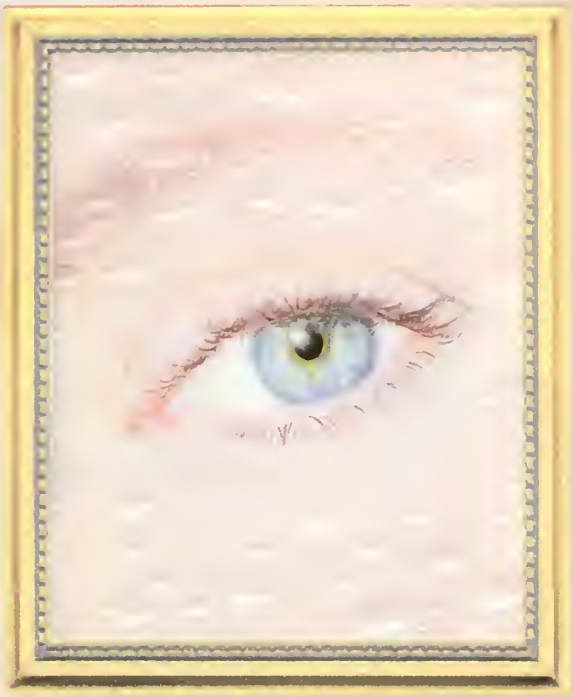
Finally, you may notice a few changes in this month's *Ladies' Home Journal*. It's still got all the great stuff (we'll never mess with "Can This Marriage Be Saved?" page 34), but we've updated our look with new photography and design styles. We're also introducing an expanded parenting section, which includes an opinion column to give voice to the subjects most on your mind. We hope you like the new *Ladies' Home Journal*—after all, we figure, who doesn't need a makeover now and then?

Let us know what you think! —*Sarah*

e-mail me at sarah@mdp.com

Editor-in-Chief Myrna Blyth and Editor Sarah Mahoney will alternate writing this column.

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contributors



LINDA RICHMAN

After the death of her son, Richman, who happens to be comedian Mike Myers' mother-in-law, developed a unique way to remedy heartache. "I go into a terrible funk, and give in to the pain," she says. In "The Pity Party" (page 94), excerpted from her book *I'd Rather Laugh*, she explains her technique. "It's okay to feel pain. That's how we grow."

MICHEL NAFZIGER

"The best thing about this particular photo shoot was the teamwork," says French-born photographer Nafziger, whose elegant shots grace the pages of "Fast & Flirty" (page 114), easy makeup and beauty tricks to help maximize your looks. "Working as a team helps bring a story to life."





COCO MASUDA

When asked to illustrate "The Envy Epidemic" (page 124), a look at envy in the age of affluence, Masuda rose to the occasion. "I had so many ideas for this story," says the artist, who grew up in Japan. "Money doesn't always grant you happiness. I'm lucky I have a happy marriage and a job that I love."

RONNY FRISHMAN

"Now I'm trying to refrain from grabbing the salt shaker before I've even tasted my food," says health writer Frishman, who reports on hypertension, one of the leading causes of heart disease, in "Under Pressure" (page 82). "We often associate high blood pressure with men, but women are at risk, too."





MICHAEL O'BRIEN

"As the father of three, I can't imagine anything worse than losing a child," says O'Brien, who photographed Cathy Taylor for "The Mom Who Fought Firestone" (page 126). "She lost her daughter, and still had the strength to stand up and challenge this company."

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your letters

On the Mommy Fence

I have had numerous discussions with friends and fellow mommies about the question "Can You Protect Your Kids Too Much?" (October). I have found myself all too often sitting on this somewhat uncomfortable fence. What I loved most about Melinda Marshall's article is her premise that the best way to protect your children is to lead them in the development of their own good judgment.
Linda Eichenberger, Plainfield, IN

Constant Vigilance

As a parent of a beautiful six-year-old girl who was diagnosed with type 1 diabetes in 1998, I enjoyed reading "Kids At Risk" (October). Your article was 100 percent correct: Our days are nonstop. We parents are constantly checking on our kids, monitoring their blood sugar and wondering, when we go to bed at night, if they will wake up the next morning.
Wanda E. Coleman, North Billerica, MA

No Connection

Near the end of "Checkup On Your Checkup" (October), the author states that irritable bowel syndrome (IBS) can lead to colon cancer. IBS does not lead to colon cancer. Your article may have needlessly alarmed thousands of women.
Donna Parsons, Okmulgee, OK

Editor's Note: We incorrectly stated in this particular article that irritable bowel syndrome (IBS) can increase the risk of colon cancer. In fact, it is inflammatory bowel disease (IBD), and not IBS, that raises the risk of colorectal cancer. IBS does not predispose patients to complications or other conditions. We apologize for the error.



Kudos for our Meredith Vieira profile

Two Class Acts

I am writing to compliment you on the October 2000 issue. My two favorite stories were the ones on Chelsea Clinton and Meredith Vieira. Chelsea has become an engaging young lady, and she is a credit to her parents and her country. I wish her continued success in every endeavor.

My heart goes out to Meredith and her family regarding husband Richard Cohen's illness. Meredith is one of the reasons I keep tuning in to *The View* daily, and my prayers are with her.
Judy L. Poole, Tracy, CA

Shooting Stars

In "The Battle Over Guns" (October), you said that Sylvester Stallone called for a repeal of the Second Amendment after actor Phil Hartman was shot to death by his wife. What if she'd poisoned or stabbed him? Because she used a gun, everyone concludes that the NRA is at fault. (By the way, why is Stallone still doing those kinds of [gun-toting] movies?) Taking guns away from law-abiding citizens isn't the answer. Maybe the solution is giving the justice system a refresher course on the law.
Lisa Johnson, Crosby, TX

Vocabulary Lesson

As a health-care professional, I pay particular attention to the health-related articles in LHJ. But I am disappointed in the stories that imply that all health care is provided by physicians. Much of today's care is given by nurse practitioners, who are trained to focus on wellness and disease prevention. In my opinion, the term "care provider" is a much more accurate reflection of the current health-care scenario in the U.S.
Ann Marie Keefer-Lynch, Yorba Linda, CA

rants & raves

Remember when trailers for upcoming films used to be intriguing? Then they started giving away all the good parts. By the time you see the movie now, you know all the climactic moments. Worse yet, the trailers often make the film seem even better than it actually is. (Ask anyone who saw *Battlefield Earth*.) For the price of a ticket these days, we should at least be able to expect a few surprises.

—Shana Aborn

Your Chance to Sound Off: Shana Aborn, senior editor of Ladies' Home Journal, hates movie trailers. What's your gripe? Send your rants and raves—and your comments on our stories—to: **Letters Column**, Ladies' Home Journal, 125 Park Avenue, New York, NY 10017 or send an **e-mail** to: lhj@mdp.com

nicken parmesan (dish originating in Italy requiring
eading, frying, boiling, simmering, layering, baking
nd if by any chance you're still hungry, eating)



Or Ragú® 10 minute prep no frying chicken parmesan.

ook Time: 30 min. Serves 4) 4 boneless, skinless chicken breasts, 1 egg, beaten, 3/4 cup Italian seasoned dry bread crumbs,
ar (26 oz.) Ragú Old World Style® Pasta Sauce, 1 cup shredded mozzarella (about 4 oz.)

Preheat oven to 400°. Dip chicken in egg, then bread crumbs.

n 13" x 9" baking dish, arrange chicken. Bake uncovered 20 minutes.

Pour sauce over chicken; top with cheese. Bake 10 more minutes or until chicken is no longer pink.



"Hey, look *amazing*. New job? nce? Well something's new. ok *fabulous*."



Total Effects from Olay fights the seven signs of aging.

1. Diminishes the appearance of fine lines and wrinkles.
2. Smoothes skin texture.
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5. Minimizes the appearance of pores.
6. Reduces the appearance of blotches and age spots.
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OLAY

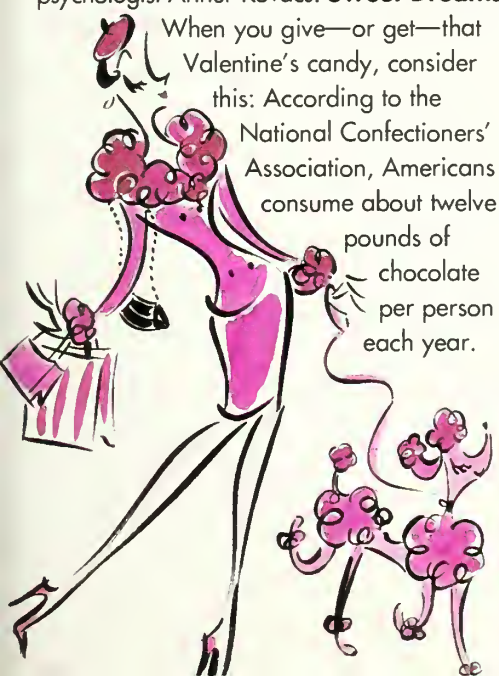
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JOURNAL

february

february file

Dog Days On the 12th and 13th of this month, canines will compete for honors at the 125th Westminster Kennel Club Dog Show in New York City. But even women who don't own blue-ribbon champions think of their pets as winners. According to a recent study by the Purina Pet Institute, 39 percent of female owners take their dogs shopping to pet stores; 44 percent take them on vacation; and 45 percent celebrate Fido's birthday. **Break Time** With President's Day giving most of us a Monday off, it could be time to join the more than 662 million Americans who travel on weekends. If you think it's too late to schedule a trip, check out *www.site59.com*, which lists last-minute getaways departing from thirty U.S. cities. **Empty-Nest White House** Like many parents, the new First Couple is facing the empty-nest syndrome. But 1600 Pennsylvania Avenue need not be a lonely address. Look at this phase as "an opportunity to recultivate your relationship with your spouse and to pursue new interests," says Santa Monica, California, psychologist Arthur Kovacs. **Sweet Dreams** When you give—or get—that Valentine's candy, consider this: According to the National Confectioners' Association, Americans consume about twelve pounds of chocolate per person each year.





Head Over Heels for Shoes

Our love affair with shoes has never been stronger. A healthy economy and an explosion of designs have led to a buying boom. Last year, American women spent roughly $18 billion on shoes, up 5 percent over 1999, according to *Footwear Market Insight*. Thanks, in part, to shows like *Sex and the City*, mere mortals are splurging for footwear by Jimmy Choo and Manolo Blahnik, whose basic slingbacks start in the $400 range. "These shoes offer a lifestyle I can buy into for a few hours," says Judith Waters, Fairleigh Dickinson University psychology professor and image analyst. This year, footwear is expected to come in more vibrant metallic colors and feature wider use of woven leather and denim. Sandals, anyone? Department stores hope to repeat last year's growth spurt, in which sandals accounted for more than half of their $1.6 billion in spring sales—11 percent over 1998. Says Nancy Van Patten of the sales-tracking service NPD ShoeBiz: "It's all about comfort with an element of fashion, and women are flocking to it." ▶

What he wants for Valentine's Day

Who says Valentine's Day is only a woman's holiday? This year, instead of just leaving a greeting card on his pillow, you might consider showing him a little extra affection. Michael Webb, author of *The RoMANtic's Guide: Hundreds of Creative Tips for a Lifetime of Love* (Hyperion, $11.95), offers these suggestions for making your man's day (and yours, too) one to savor:


Pajama games in *It Happened One Night*

- Book yourselves side-by-side massages. Both of you will be rubbed down in the same room while candles burn and soothing music plays in the background.
- Rent a giant SUV—with driver—for a special night on the town. Both of you will enjoy the extravagant vehicle and the chauffeured service.
- Buy a set of satin pajamas, but give him the bottoms only. You get to wear the top.

the giving spirit

Clothes to You

When a friend of Mary Lou Roels suddenly lost his wife in 1998, he turned to Mary Lou for advice on what to do with his spouse's clothes. That December, Mary Lou founded Clothesminded, Inc., an Arizona-based organization that donates used clothing and accessories to welfare-to-work women—as well as men. Since then, Clothesminded has dressed nearly three thousand clients in everything from women's blouses, skirts and even earrings to men's cashmere suits. It also has opened a 1,400-square-foot warehouse in Tempe. When Mary Lou recently moved to Washington state, she set about starting a Clothesminded branch there. "If it means helping someone else see a mile further down the road, count me in," she says. "That's why I do this." (For more information, visit *www.clothesminded.org.*)

Cold War

Number of minutes the average sex act lasts in the U.S.: 28
Number of minutes it lasts in Russia: 12

Source: "The Penguin Atlas of Human Sexual Behavior" (2000)

CELLING SAFETY SHORT



With about 100 million Americans using cell phones, chatting on today's high-tech highways is creating dangerous driving conditions. According to one study, it can be almost as risky as driving under the influence of alcohol. An increasing number of automobile-related deaths linked to phones has prompted federal, state and local governments to consider prohibiting cell-phone use in cars. At least four states have imposed some restrictions, but several others and a growing number of local communities are considering—or have enacted—full bans. One compromise: the "hands free" adapter, which lets you talk while keeping your hands on the wheel. The U.S. is following the lead of more than a dozen countries that have already curtailed cell-phone use in cars—including Japan, which saw a 75 percent drop in cell-phone-related crashes after limits were imposed.



the new new thing

A Bead on Style Jazz up any room with plush, intricately hand-beaded velvet pillows. Enliven a solid-colored sofa or chair with a beaded velvet throw. A luxurious selection can be found at several retailers, including these pillows from Anthropologie stores nationwide (800-309-2500).

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A Woman to Watch: Heidi Heitkamp



The outcome of November's gubernatorial race in North Dakota was almost beside the point for Heidi Heitkamp. Though she lost the race, she was a victor long before election day. During the campaign, the forty-four-year-old Democrat and mother of two was diagnosed with breast cancer. Many voters assumed Heitkamp would withdraw, but instead she campaigned vigorously in the final months of the race (despite chemo treatments). In fact, nearly two weeks after surgery in September, when her right breast and some surrounding lymph nodes were removed, Heitkamp was keeping a heavy schedule in her quest to be the state's first female governor. She emphasizes that such a decision is a personal matter. "I visited with doctors and learned everything I could about breast cancer, making sure my decision to stay in the race would not jeopardize my health," she tells LHJ. Heitkamp encourages women to stand by friends with cancer—and to support whatever they elect to do with their lives.

CULTURE VULTURE



Pretty Popular Woman: The past ten years have been good to Julia Roberts. Percent of moviegoers who make a special effort to see her films: 22. Percent of moviegoers who make a special effort to see the films of her *Pretty Woman* costar Richard Gere: 2.

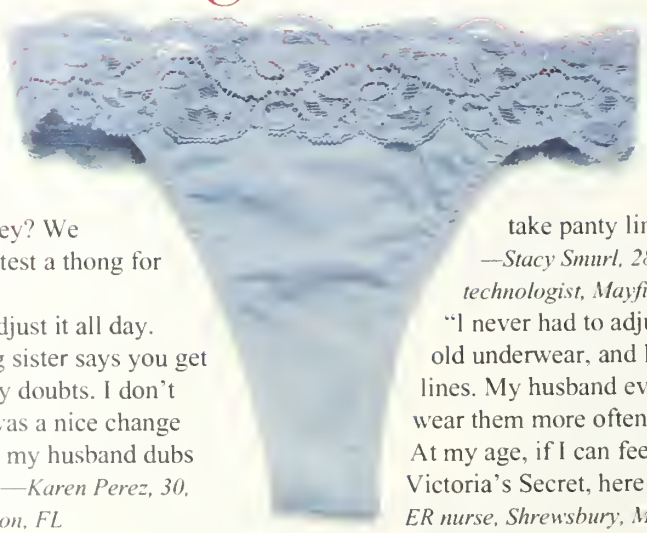
Source: Gallup Poll



Amy Tan fan? A new novel by the author of the beloved *The Joy Luck Club* has just come out: *The Bonesetter's Daughter* is the story of a mother and daughter who find that they're united by a lot more than what they share in their bones (Putnam, $25.95).

street smarts

thong and dance



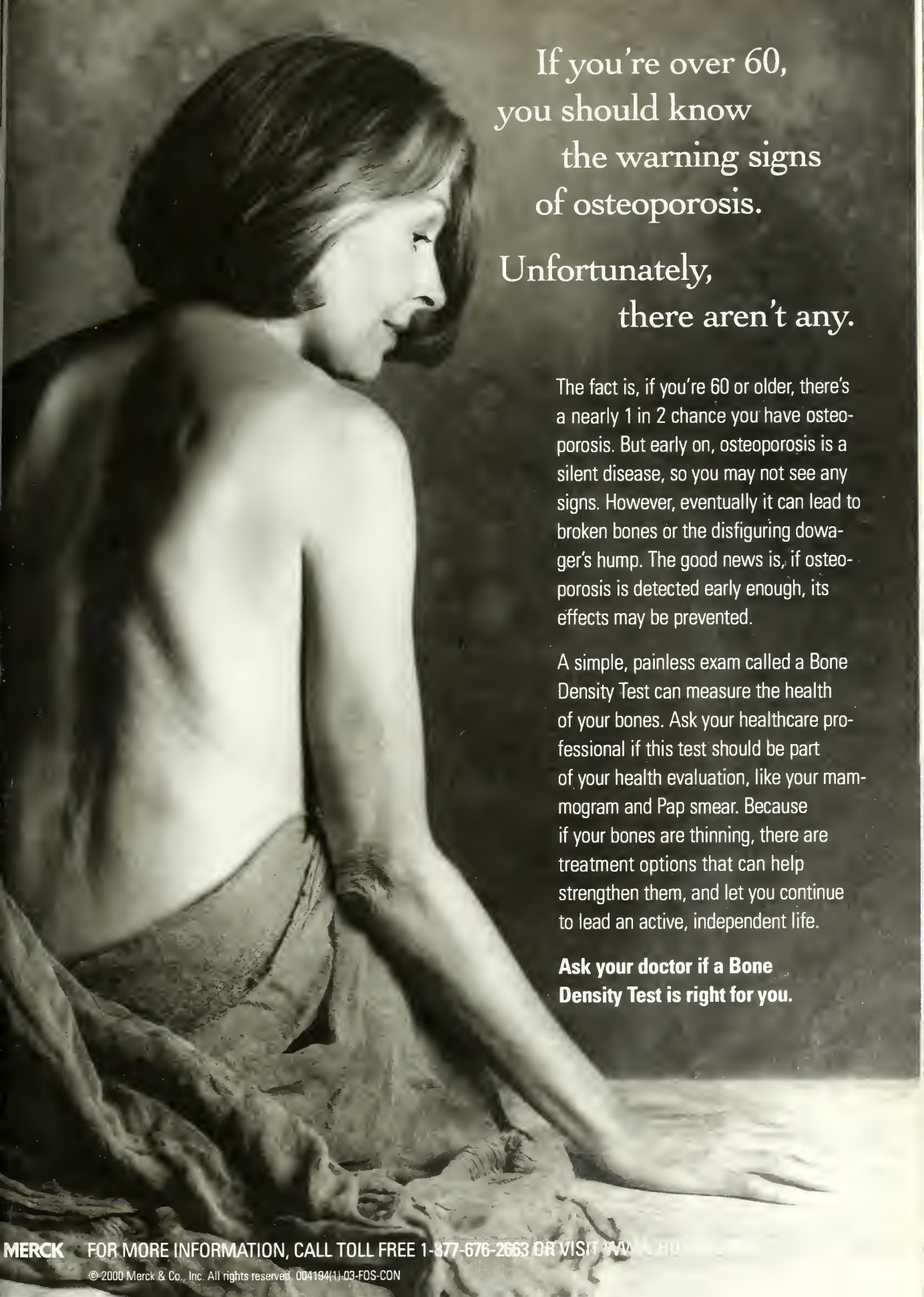
Are you one of the few American women who hasn't yet tried a thong? Sales of thongs have more than doubled since 1996—and last year's sales could approach $200 million. But just how comfortable are they? We challenged three women to test a thong for a day. Their reactions:

"I had to fight the urge to adjust it all day. My full-time thong-wearing sister says you get used to it, but I still have my doubts. I don't think I will convert, but it was a nice change from the cotton panties that my husband dubs my 'grandma underwear.'"—*Karen Perez, 30, sales representative, Boca Raton, FL*

"Yuck. I hated every minute. I've never worn a thong before, and now I know why. Being on my feet all day, coupled with my long work hours, made it unbearable. Personally, I'd take panty lines over discomfort."—*Stacy Smurl, 28, registered radiologic technologist, Mayfield, PA*

"I never had to adjust it, as I do my frumpy old underwear, and I didn't worry about panty lines. My husband even encouraged me to wear them more often—and not just to work! At my age, if I can feel a little sexy, why not? Victoria's Secret, here I come!"—*Jan Leary, 44, ER nurse, Shrewsbury, MA*

Reported by Jennifer Hoppe, Christina Orlovsky, Christina Sciammacco, Melinda Leader and Meredith Perez


If you're over 60,
you should know
the warning signs
of osteoporosis.
Unfortunately,
there aren't any.
The fact is, if you're 60 or older, there's a nearly 1 in 2 chance you have osteoporosis. But early on, osteoporosis is a silent disease, so you may not see any signs. However, eventually it can lead to broken bones or the disfiguring dowager's hump. The good news is, if osteoporosis is detected early enough, its effects may be prevented.
A simple, painless exam called a Bone Density Test can measure the health of your bones. Ask your healthcare professional if this test should be part of your health evaluation, like your mammogram and Pap smear. Because if your bones are thinning, there are treatment options that can help strengthen them, and let you continue to lead an active, independent life.
Ask your doctor if a Bone Density Test is right for you.
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From crime scenes (*C.S.I.*) to battlefields (*China Beach*), she always keeps her cool

Marg Helgenberger



There's Oscar buzz about Marg Helgenberger's small but smart role in last year's box-office hit *Erin Brockovich*. Not that the willowy Helgenberger has had time to listen to it: These days, she's too busy shooting the TV drama *C.S.I.* (for those who don't monitor police calls, that stands for crime-scene investigation). The new show is but the latest vehicle for the working mother, whose role as K.C. on *China Beach* earned her an Emmy in 1990. Married to actor Alan Rosenberg, Helgenberger chats about a career weighted with roles on the dark side of life—although there was that 1996 stint as George Clooney's love interest on *ER*. . . .

So what do you think of George Clooney?

Besides being charming, sexy, funny and smart, he has a vulnerability that I think women really like—some quality that makes him just a little mysterious. He's great to work with—supportive and complimentary. He's a real good guy, and I had a lot of fun on that show. It wasn't a heavy part—a lot of flirting and kissing, which is always fun.

Maybe not fun with every actor.

You're so right! Let's just say that you hope for the George Clooneys in your career.

What's it like to have another actor in the house?

Well, if there's a period of unemployment for my husband or me, we understand that. And we also know how our feelings and emotions might be taking us to different places depending upon what's going on in our careers.

On *C.S.I.*, you play a single mother. Does having a ten-year-old son help you with that aspect of your character?

Absolutely. I can relate. I've been spending a lot of time away from my son. It's a juggling act for all of us moms. A friend of mine—a male friend, actually—told me about a study that measured people's blood pressure when they returned from a full day's work. A woman's spiked, and a man's dropped. You know, her work begins when she gets home. There's the housework, the homework. And for the guy, it's straight to ESPN.

"I'd love an opportunity to do comedy"

How did you prepare for playing the role of a crime-scene investigator?

Well, for one, I was given a book called *Practical Homicide Investigation* that was filled with photographs—nothing else but photographs. I remember when I first went through it, and I put it aside and went downstairs. My husband said, "Are you okay?" because I was ghostly white from seeing the pictures. Most of the time, especially when a case is well-known, the public at large does not get all the facts. They leave out a lot of the gruesome details. I don't think we could handle them.

Speaking of well-known cases, you played Patsy Ramsey in the TV mini-series *Perfect Murder, Perfect Town*. How taxing was that?

That was an exceptionally hard one to handle. I was antisocial during that project. I took up knitting again. I'd sit in my trailer between scenes, because I knew I had to do a full day of weeping in that role. I was just glad to have my life back after it was over. It can get very intense, but luckily, I have my family.

Sounds like you're ready for a comedy.

I'd love an opportunity to do comedy. I'm a little wary, because you can really fall on your face. You've got to trust the material and the director. I'd go into it with a little trepidation, because I certainly don't think I have the comic skill that just comes naturally to some people. But, oh yeah, that would be fun. A real challenge. —*Jim Brosseau*

who says

you see the glass as half empty
you need therapy?

You're just thirsty.



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Fruity flavors.

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Hair now:

Smooth & Sleek

AFTER A SEASON OF BIG EIGHTIES HAIR, the latest look is calmed down—but not so far as every-hair-in-place. This spring's trendy styles are looser, layered and more playful, according to celebrity stylist Jimmy Paul. "Even if your hair is cut in a chin-length bob, you can add a few layers to frame your face," says Paul. Before blow-drying, apply a dab of straightening cream. Two to try: Clinique Perfectly Straight ($13.50) and Paul Mitchell Straight Works ($8.50). Drying one section at a time, hold hair taut with a paddle brush and aim the nozzle of your dryer downward. Once hair is dry, rub two drops of shine serum between your palms and run fingers through your hair to loosen it up a little.



Bargain beauty At $3.50, Bonne Bell's Brush-Up Kit is a real steal. The pocket-size tube holds five brushes—and fits into even the most jam-packed makeup bag.

Celeb Pick A fave of Kristen Johnston, B. Kamins Chemist Eye Cream ($59), with skin-firming extracts, smooths lines and minimizes dark circles. Call 888-252-6467.

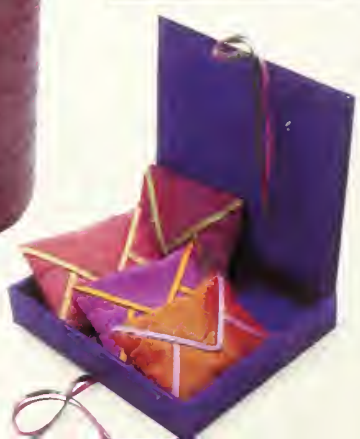


PRO TIP: LONG-LASTING HAIRCOLOR

Top colorist Louis Licari of Louis Licari Salon, in New York City, offers these solutions to keep your haircolor made in the shade.

1. Avoid hot oil treatments; oil dissolves the color molecules.
2. Use a color-enhancing conditioner, but don't overdo it or your shade could go darker or lighter. Wait three or four weeks after coloring hair; then limit use to twice a week. Editor's choice: Bumble and bumble Color Support High Shine Conditioner ($18) and Bain de Terre Botanical Shades Color-Preserving Conditioner ($10).
3. If you're one or two weeks away from your next touch-up, boost color with a semipermanent formula, such as Clairol Loving Care ($5.89) or L'Oréal Casting ColorSpa ($7.39).





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you or someone you care for *increasingly...*

orgetful?

epeating questions?

aving trouble
nding words?



When these problems interfere with everyday life, it could be Alzheimer's disease.

A medicine called ARICEPT® may help.

When you or someone you care for has gradually increasing memory problems, it may not be normal aging. It could be Alzheimer's disease, an incurable, progressive illness.

Today there's hope, including a prescription medicine called ARICEPT®. Once-daily ARICEPT® is clinically proven to treat the symptoms of mild to moderate Alzheimer's. In people who respond to ARICEPT®, symptoms may get better, stay the same or progress at a slower rate.

ARICEPT® is well tolerated but may not be for everyone. Some people may experience nausea, diarrhea, insomnia, vomiting, muscle cramps, fatigue or loss of appetite. In studies, these side effects were usually mild and temporary. Some people taking ARICEPT® may experience fainting. People at risk for ulcers should tell their doctors because their condition may get worse.

Only a doctor can say if memory problems are due to Alzheimer's disease. And the sooner you know, the sooner ARICEPT® may help.

So speak to a doctor today and ask about ARICEPT®, the #1 prescribed medicine for Alzheimer's disease.

SEE A DOCTOR AND ASK ABOUT

ONCE-A-DAY
ARICEPT®
(donepezil HCl)
5-MG AND 10-MG TABLETS

MEDICINE TO REMEMBER™

To learn more and to receive a memory checklist, call

1-800-760-6029 ext. 71

Please see additional important product information on accompanying page.

ONCE-A-DAY

ARICEPT® (donepezil HCl) 5-MG AND 10-MG TABLETS

MEDICINE TO REMEMBER™

ARICEPT® (Donepezil Hydrochloride Tablets)

[illegible] **INDICATIONS AND USAGE** ARICEPT® is indicated [illegible] **CONTRAINDICATIONS** ARICEPT® is contraindi- [illegible] with known hypersensitivity to donepezil hydrochloride or to piperidine derivatives. **WARNINGS** ***Anesthesia:*** As ARICEPT® [illegible] as a cholinesterase inhibitor, is likely to exaggerate succinylcholine-type muscle relaxation during [illegible] ***Cardiovascular Conditions:*** Because of their pharmacological action, cholinesterase inhibitors may have [illegible] bradycardia. The potential for this action may be particularly important to patients with [illegible] supraventricular cardiac conduction conditions. Syncopal episodes have been reported in asso- [illegible] ARICEPT®. ***Gastrointestinal Conditions:*** Through their primary action, cholinesterase inhibitors [illegible] gastric acid secretion due to increased cholinergic activity. Therefore, patients should be mon- [illegible] for the symptoms of active or occult gastrointestinal bleeding, especially those at increased risk for developing [illegible] with a history of ulcer disease or those receiving concurrent nonsteroidal anti-inflammatory drugs (NSAIDs). [illegible] ARICEPT® have shown no increase, relative to placebo, in the incidence of either peptic ulcer disease or [illegible] bleeding. ARICEPT®, as a predictable consequence of its pharmacological properties, has been shown to [illegible] and vomiting. These effects, when they occur, appear more frequently with the 10 mg/day dose [illegible] 5 mg/day dose. In most cases these effects have been mild and transient, sometimes lasting one to three [illegible] have resolved during continued use of ARICEPT®. ***Genitourinary:*** Although not observed in clinical trials of [illegible] these agents may cause bladder outflow obstruction. ***Neurological Conditions:*** Seizures: Cholinomimetics are [illegible] have some potential to cause generalized convulsions. However, seizure activity also may be a manifestation of [illegible] disease. ***Pulmonary Conditions:*** Because of their cholinomimetic actions, cholinesterase inhibitors should be [illegible] with care to patients with a history of asthma or obstructive pulmonary disease. **PRECAUTIONS Drug-Drug Interactions** ***Drugs Highly Bound to Plasma Proteins:*** Drug displacement studies have been performed *in vitro* [illegible] highly bound drugs such as furosemide, digoxin and warfarin. ARICEPT® at con- [illegible] 300 ng/mL did not affect the binding of furosemide (5 µg/mL), digoxin (2 ng/mL), and warfarin (3 µg/mL) [illegible] Similarly, the binding of ARICEPT® to human albumin was not affected by furosemide, digoxin and warfarin. ***Effect of ARICEPT® on the Metabolism of Other Drugs:*** No *in vivo* clinical trials have investigated the effect of ARICEPT® on the clearance of drugs metabolized by CYP 3A4 (e.g. cisapride, terfenadine) or by CYP 2D6 (e.g. [illegible]amine). However, *in vitro* studies show a low rate of binding to these enzymes (mean K_i about 50-130 µM), that, given the therapeutic plasma concentrations of donepezil (164 nM), indicates little likelihood of interference. Whether ARICEPT® [illegible] any potential for enzyme induction is not known. ***Effect of Other Drugs on the Metabolism of ARICEPT®:*** [illegible]azole and quinidine, inhibitors of CYP450, 3A4 and 2D6, respectively, inhibit donepezil metabolism *in vitro*. [illegible] there is a clinical effect of these inhibitors is not known. Inducers of CYP 2D6 and CYP 3A4 (e.g., phenytoin, [illegible]bamazepine, dexamethasone, rifampin, and phenobarbital) could increase the rate of elimination of ARICEPT®. ***Use with Anticholinergics:*** Because of their mechanism of action, cholinesterase inhibitors have the potential to interfere with the [illegible] of anticholinergic medications. ***Use with Cholinomimetics and Other Cholinesterase Inhibitors:*** A [illegible] effect may be expected when cholinesterase inhibitors are given concurrently with succinylcholine, similar [illegible] muscle blocking agents or cholinergic agonists such as bethanechol. **Carcinogenesis, Mutagenesis, Impairment of Fertility** Carcinogenicity studies of donepezil have not been completed. Donepezil was not mutagenic in the Ames reverse mutation assay in bacteria. In the chromosome aberration test in cultures of Chinese hamster lung (CHL) [illegible] some clastogenic effects were observed. Donepezil was not clastogenic in the *in vivo* mouse micronucleus test. Donepezil had no effect on fertility in rats at doses up to 10 mg/kg/day (approximately 8 times the maximum recommend- [illegible] human dose on a mg/m² basis). **Pregnancy** ***Pregnancy Category C:*** Teratology studies conducted in pregnant rats at doses up to 16 mg/kg/day (approximately 13 times the maximum recommended human dose on a mg/m² basis) and in [illegible] pregnant rabbits at doses up to 10 mg/kg/day (approximately 16 times the maximum recommended human dose on a mg/m² basis) did not disclose any evidence for a teratogenic potential of donepezil. However in a study in which pregnant rats were given up to 10 mg/kg/day (approximately 8 times the maximum recommended human dose on a mg/m² basis) from day 17 of gestation through day 20 postpartum there was a slight increase in still births and a slight decrease in pup survival through day 4 postpartum at this dose, the next lower dose tested was 3 mg/kg/day. There are no adequate or well- [illegible] studies in pregnant women. ARICEPT® should be used during pregnancy only if the potential benefit justifies the [illegible] risk to the fetus. **Nursing Mothers** It is not known whether donepezil is excreted in human breast milk. ARICEPT® [illegible] indication for use in nursing mothers. **Pediatric Use** There are no adequate and well-controlled trials to document the safety and efficacy of ARICEPT® in any illness occurring in children. **ADVERSE REACTIONS Adverse Events Leading to Discontinuation** The rates of discontinuation from controlled clinical trials of ARICEPT® due to adverse events for the ARICEPT® 5 mg/day treatment groups were comparable to those of placebo-treatment groups at approximately 5%. The rate of discontinuation of patients who received 7-day escalations from 5 mg/day to 10 mg/day, was higher at 13%. The most common adverse events leading to discontinuation, defined as those occurring in at least 2% of patients and at twice the incidence seen in placebo patients, are shown in Table 1.

Table 1. Most Frequent Adverse Events Leading to Withdrawal from Controlled Clinical Trials by Dose Group

Dose Group	Placebo	5 mg/day ARICEPT®	10 mg/day ARICEPT®
Patients Randomized	355	350	315
Event /% Discontinuing			
Nausea	1%	1%	3%
Diarrhea	0%	<1%	3%
Vomiting	<1%	<1%	2%

Most Frequent Adverse Clinical Events Seen in Association with the Use of ARICEPT® The most common adverse events, defined as those occurring at a frequency of at least 5% in patients receiving 10 mg/day and twice the placebo rate, are largely predicted by ARICEPT®'s cholinomimetic effects. These include nausea, diarrhea, insomnia, vomiting, muscle cramp, fatigue and anorexia. These adverse events were often of mild intensity and transient, resolving during continued ARICEPT® treatment without the need for dose modification. There is evidence to suggest that the frequency of these common adverse events may be affected by the rate of titration. An open-label study was conducted with 269 patients who received placebo in the 15- and 30-week studies. These patients were titrated to a dose of 10 mg/day over a 6-week period. The rates of common adverse events were lower than those seen in patients titrated to 10 mg/day over one week in the controlled clinical trials and were comparable to those seen in patients on 5 mg/day. See Table 2 for a comparison of the most common adverse events following one and six week titration regimens.

Table 2. Comparison of Rates of Adverse Events in Patients Titrated to 10 mg/day Over 1 and 6 Weeks

	No titration		One-week titration	Six-week titration
Adverse Event	Placebo (n=315)	5 mg/day (n=311)	10 mg/day (n=315)	10 mg/day (n=269)
Nausea	6%	5%	19%	6%
Diarrhea	5%	8%	15%	9%
Insomnia	6%	5%	14%	6%
Fatigue	3%	4%	8%	3%
Vomiting	3%	3%	8%	5%
Muscle cramps	2%	6%	8%	3%
Anorexia	2%	3%	7%	3%

Adverse Events Reported in Controlled Trials The events cited reflect experience gained under closely monitored conditions of clinical trials in a highly selected patient population. In actual clinical practice or in other clinical trials, these frequency estimates may not apply, as the conditions of use, reporting behavior and the kinds of patients treated may differ. Table 3 lists treatment emergent signs and symptoms that were reported in at least 2% of patients in placebo-controlled trials who received ARICEPT® and for which the rate of occurrence was greater for ARICEPT® assigned than placebo assigned patients. In general, adverse events occurred more frequently in female patients and with advancing age.

Table 3. Adverse Events Reported in Controlled Clinical Trials in at Least 2% of Patients Receiving ARICEPT® (donepezil HCl) and at a Higher Frequency than Placebo-treated Patients

Body System/Adverse Event	Placebo (n=355)	ARICEPT® (n=747)
Percent of Patients with any Adverse Event	**72**	**74**
Body as a Whole		
Headache	9	10
Pain, various locations	8	9
Accident	6	7
Fatigue	3	5
Cardiovascular System		
Syncope	1	2
Digestive System		
Nausea	6	11
Diarrhea	5	10
Vomiting	3	5
Anorexia	2	4
Hemic and Lymphatic System		
Ecchymosis	3	4
Metabolic and Nutritional System		
Weight Decrease	1	3
Musculoskeletal System		
Muscle Cramps	2	6
Arthritis	1	2
Nervous System		
Insomnia	6	9
Dizziness	6	8
Depression	<1	3
Abnormal Dreams	0	3
Somnolence	<1	2
Urogenital System		
Frequent Urination	1	2

Other Adverse Events Observed During Clinical Trials ARICEPT® has been administered to over 1700 indiv[illegible] during clinical trials worldwide. Approximately 1200 of these patients have been treated for at least 3 months and mo[illegible] 1000 patients have been treated for at least 6 months. Controlled and uncontrolled trials in the United States in[illegible] approximately 900 patients. In regards to the highest dose of 10 mg/day, this population includes 650 patients treate[illegible] months, 475 patients treated for 6 months and 116 patients treated for over 1 year. The range of patient exposure is [illegible] to 1214 days. Treatment emergent signs and symptoms that occurred during 3 controlled clinical trials and two ope[illegible] trials in the United States were recorded as adverse events by the clinical investigators using terminology of the [illegible] choosing. To provide an overall estimate of the proportion of individuals having similar types of events, the event [illegible] grouped into a smaller number of standardized categories using a modified COSTART dictionary and event frequencies [illegible] calculated across all studies. These categories are used in the listing below. The frequencies represent the propor[illegible] 900 patients from these trials who experienced that event while receiving ARICEPT®. All adverse events occurring a[illegible] twice are included, except for those already listed in Tables 2 or 3, COSTART terms too general to be informative or [illegible] less likely to be drug caused. Events are classified by body system and listed using the following definitions: *fre[illegible] adverse events* — those occurring in at least 1/100 patients; *infrequent adverse events* — those occurring in 1/[illegible] 1/1000 patients. These adverse events are not necessarily related to ARICEPT® treatment and in most cases were ob[illegible] at a similar frequency in placebo-treated patients in the controlled studies. No important additional adverse events wer[illegible] in studies conducted outside the United States. **Body as a Whole:** *Frequent:* influenza, chest pain, toothache; *Infre[illegible]* fever, edema face, periorbital edema, hernia hiatal, abscess, cellulitis, chills, generalized coldness, head fullness, [illegible] ness. **Cardiovascular System:** *Frequent:* hypertension, vasodilation, atrial fibrillation, hot flashes, hypote[illegible] *Infrequent:* angina pectoris, postural hypotension, myocardial infarction, AV block (first degree), congestive heart f[illegible] arteritis, bradycardia, peripheral vascular disease, supraventricular tachycardia, deep vein thrombosis. **Digestive Sy[illegible]** *Frequent:* fecal incontinence, gastrointestinal bleeding, bloating, epigastric pain, *Infrequent:* eructation, gingivitis, inc[illegible] appetite, flatulence, periodontal abscess, cholelithiasis, diverticulitis, drooling, dry mouth, fever sore, gastritis, [illegible] colon, tongue edema, epigastric distress, gastroenteritis, increased transaminases, hemorrhoids, ileus, increased [illegible] jaundice, melena, polydipsia, duodenal ulcer, stomach ulcer. **Endocrine System:** *Infrequent:* diabetes mellitus, goiter. **Hemi[illegible] Lymphatic System:** *Infrequent:* anemia, thrombocythemia, thrombocytopenia, eosinophilia, erythrocytopenia. **Metaboli[illegible] Nutritional Disorders:** *Frequent:* dehydration, *Infrequent:* gout, hypokalemia, increased creatine kinase, hyperglycemia, [illegible] increase, increased lactate dehydrogenase. **Musculoskeletal System:** *Frequent:* bone fracture, *Infrequent:* muscle wea[illegible] muscle tasciculation. **Nervous System:** *Frequent:* delusions, tremor, irritability, paresthesia, aggression, vertigo, [illegible] increased libido, restlessness, abnormal crying, nervousness, aphasia; *Infrequent:* cerebrovascular accident, intracranial [illegible] orrhage, transient ischemic attack, emotional labitity, neuralgia, coldness (localized), muscle spasm, dysphoria, gait a[illegible] mality, hypertonia, hypokinesia, neurodermatitis, numbness (localized), paranoia, dysarthria, dysphasia, hostility, decr[illegible] libido, melancholia, emotional withdrawal, nystagmus, pacing. **Respiratory System:** *Frequent:* dyspnea, sore [illegible] bronchitis; *Infrequent:* epistaxis, post nasal drip, pneumonia, hyperventilation, pulmonary congestion, wheezing, hy[illegible] pharyngitis, pleurisy, pulmonary collapse, sleep apnea, snoring. **Skin and Appendages:** *Frequent:* pruritus, diaphi[illegible] urticana; *Infrequent:* dermatitis, erythema, skin discoloration, hyperkeratosis, alopecia, fungal dermatitis, herpes zoster, hirsutism [illegible] striae, night sweats, skin ulcer. **Special Senses:** *Frequent:* cataract, eye irritation, vision blurred; *Infrequent:* dry eyes, g[illegible] ma, earache, tinnitus, blepharitis, decreased hearing, retinal hemorrhage, otitis externa, otitis media, bad taste, conju[illegible] hemorrhage, ear buzzing, motion sickness, spots before eyes. **Urogenital System:** *Frequent:* urinary incontinence, [illegible] turia; *Infrequent:* dysuria, hematuria, urinary urgency, metrorrhagia, cystitis, enuresis, prostate hypertrophy, pyelon[illegible] tis, inability to empty bladder, breast fibroadenosis, fibrocystic breast, mastitis, pyuria, renal failure, vag[illegible]

Postintroduction Reports Voluntary reports of adverse events temporally associated with ARICEPT® that have [illegible] received since market introduction that are not listed above, and that there is inadequate data to determine the causa[illegible] tionship with the drug include the following: abdominal pain, agitation, cholecystitis, confusion, convulsions, hall[illegible] tions, heart block (all types), hemolytic anemia, hepatitis, hyponatremia, pancreatitis, and rash. **DVEROOSAGE Bec[illegible] strategies for the management of overdose are continually evolving, it is advisable to contact a Pu[illegible] Control Center to determine the latest recommendations for the management of an overdose of any [illegible]** As in any case of overdose, general supportive measures should be utilized. Overdosage with cholinesterase inhibitor[illegible] result in cholinergic crisis characterized by severe nausea, vomiting, salivation, sweating, bradycardia, hypotension, resp[illegible] ry depression, collapse and convulsions. Increasing muscle weakness is a possibility and may result in death if respi[illegible] muscles are involved. Tertiary anticholinergics such as atropine may be used as an antidote for ARICEPT® overdo[illegible] Intravenous atropine sulfate titrated to effect is recommended: an initial dose of 1.0 to 2.0 mg IV with subsequent [illegible] based upon clinical response. Atypical responses in blood pressure and heart rate have been reported with other [illegible] nomimetics when co-administered with quaternary anticholinergics such as glycopyrrolate. It is not known wh[illegible] ARICEPT® and/or its metabolites can be removed by dialysis (hemodialysis, peritoneal dialysis, or hemofiltration). [illegible] related signs of toxicity in animals included reduced spontaneous movement, prone position, staggering gait, lacrim[illegible] clonic convulsions, depressed respiration, salivation, miosis, tremors, fasciculation and lower body surface temperat[illegible]

Revised September [illegible]

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browsing around



Should you tweeze your brows or wax?
Is there a fix for eyebrow mistakes?
Our solutions will open your eyes.

THE NOW BROW
The latest shape is full yet beautifully groomed with a well-defined arch. Think Cindy Crawford (above) and Catherine Zeta-Jones

WAXING VERSUS TWEEZING

How do you choose? "Waxing is best for removing the fuzz above, below and between the brows," says eyebrow pro Eliza Petrescu of Avon Centre Salon & Spa, in New York City. "But it requires the skill and steady hand of a salon professional. Tweezing gives you the control and precision you need to shape your brows. It's best to tweeze right after showering, when your skin is more supple. Lightly press the tweezers against your skin at an angle. This allows you to grab each hair close to the root. One by one, pluck each hair in the direction of growth. And pull quickly—it's less painful."



Slant-tipped tweezers, such as this classic from Tweezerman ($18), make it easy to grip and pluck brow hairs.

Brow Beautifiers Three to try: Ramy Beauty Therapy's Miracle Braw ($24) does the work of an eyebraw pencil and brow gel in one step. To order, call 888-550-7269. Soothe post-tweezing redness with a dab of Anastasia of Beverly Hills After Tweeze Cream ($35). To order, call 800-723-2889. Eyebrow gel, such as Calvin Klein Brow Groomer ($16), helps brow hairs lie flat and adds a pretty sheen.



Quick Fixes

Eyebrow specialist Robert Sweet William of Garren New York Salon corrects the three most common eyebrow woes.

Mistake #1: Eyebrows too thick near the nose
To determine where brows should start, brush eyebrows, then hold a pencil vertically next to your nose. The inner edge of the brow should line up with the corner of your eye. Do this with both brows, then pluck strays between brows that fall outside the pencil. Starting at the inner corner, tweeze each hair under the line of the brow. Your brow should be the same width until you reach the arch, which peaks at the outside edge of the iris, then gradually tapers to the end.

Mistake #2: Uneven brows
One eyebrow is often naturally higher or straighter than the other, but you want the overall effect to be balanced. What helps: Tweeze one row of hairs for one brow, then tweeze one raw on the other. Step back from the mirror to check your progress.

Mistake #3: Skinny, overplucked brows
Put away your tweezers until brows have grown in. You can hide any stubble with a touch of foundation. As brows graw back, fill in gaps with a few strakes of brow powder makeup ar a brow pencil. If you opt for a pencil, blend the color with a brush.


AM
he average woman
n the human race.
may run a marathon.
household. A business.
AM style in action.
Everyday grace.
AM one of 49 million.
don't sweat the small stuff.
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It's a Wrap

. . . and it's the one piece that can give your wardrobe an instant shot of style right now

Feminine and flattering, the wrap blouse is the perfect topper for pieces you already own. Get a work-worthy look when you wear it with a slim, knee-length skirt; update your favorite pair of pants (ankle-length trousers make for an especially chic silhouette). For a special occasion or a big night out, a dress is pure comfort and sexy style all wrapped up in one.



Straight from the runway comes Diane Von Furstenberg's "Julian" wrap dress, $298



A blend of two trends—a geometric print and wrap styling. Stephen DiGeronimo, $230



Beguile in a silk reptile print. Starington, $200



Go for the gold for evening. Calypso Christiane Celle, $190



Three-quarter sleeves and iridescent fabric do this blouse one better. Dué Per Dué, $78

Winterize Your Wardrobe



Because the forecast is calling for static cling.

10 Alberto-Culver, Inc.

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can this marriage be saved?

Sherry thought her lack of desire for Jack meant their marriage was over. But as they found out, there are ways to relight the fire

"He doesn't turn me on"

By Margery D. Rosen



Sherry's turn:

"Our sex life has lost its edge," said Sherry, thirty-nine, a painter and potter. "Jack is the most gentle, generous man I have ever known. That's why it's impossible for me to just walk away. But he's more like a brother to me than a lover. When we have sex, I'm just phoning it in.

"Jack and I have been married for three years. In the beginning, I thought he was perfect for me. I can't say fireworks went off every time, but I was definitely attracted to him. Now the spark just isn't there anymore. I need drama, adventure. I'd like to try wearing costumes, using sex toys or even being tied up. But Jack calls that kinky and doesn't want any part of it. So I tried to convince myself that sex just wasn't all that important. After all, Jack and I shared a deep friendship and so many interests. But I've been living a lie, just as I've been doing my whole life.

"I was an only child, a very unhappy, misunderstood little girl who spent a lot of time alone in her room. My parents are both doctors; I wasn't close to them and never really had anyone to talk to. Their marriage was a horror story. Our house was filled with signs of rage: holes punched through walls, doors pulled off the hinges. I grew up afraid of my mother's tirades; she had a way of making me feel that my thoughts and feelings were wrong.

"I found an outlet for my sadness in art. I loved to play the piano, but mostly I painted and crafted pottery. I enrolled in art school in Philadelphia and raced through it in three years. After graduating, I grabbed odd jobs to pay the rent and to buy art supplies.

"I dated a lot when I was younger. Some relationships lasted a night, others for years. But I never found one that combined great sex with the potential to settle down and have a family. I was attracted to jerks.

"Finally, I vowed to look for a man who was kind, open and available. Enter Jack. We were introduced at a gallery opening, and things moved very fast. I was already thirty-six, Jack was forty, and we were tired of looking. Within a year, we were married.

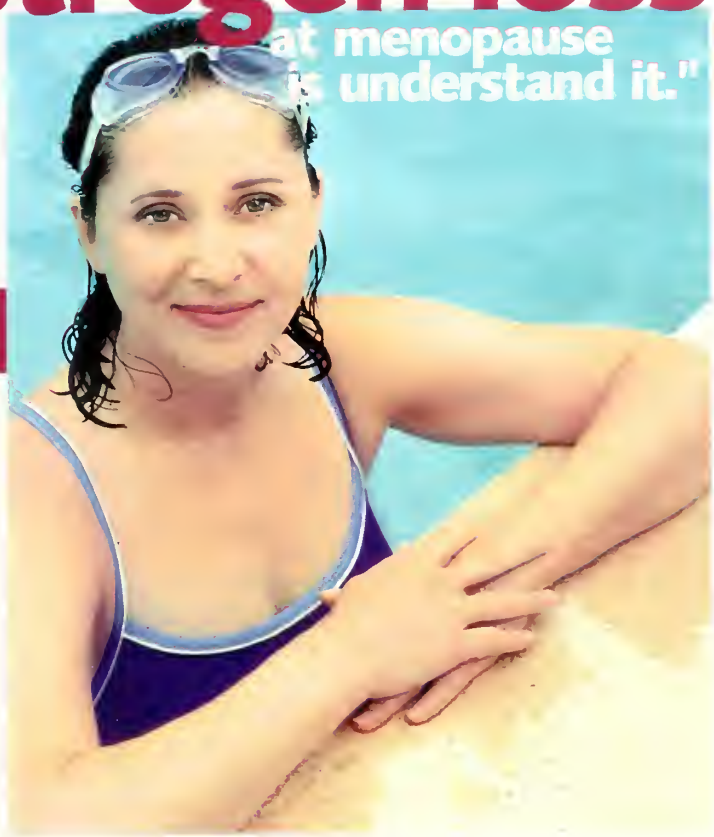
"But it hasn't been easy, and we've been in therapy almost from the start. I know I can be difficult and intense. Jack says I'm a control freak and too demanding in bed, but I'm actually proud of my assertiveness. I like taking the initiative sexually.

"Then, about two years into our marriage, Jack started having spells of impotence. I tried to be loving and accepting, but maybe that just made him feel more inadequate. Whatever the case, our sex life was so empty of the excitement and passion I craved that I became increasingly upset. I tried to explain how I felt, but Jack just didn't understand. Our lovemaking became less frequent, until we were having sex maybe once every four months.

"So I had a brief affair with a man I met at a coffee bar. Believe me, I'm not proud of doing it. But I was desperate and deluded myself into thinking that by satisfying my sexual needs elsewhere, my marriage would work out. I was wrong, and I felt too guilty to keep the secret. When I confessed to Jack, he blew up at me and moved out.

"Eventually, Jack and I did get back together because we loved and missed each other. But we never resolved any of our issues. We tried to *(continued on page 38)*

"One of the most important things you can do about estrogen loss at menopause is understand it."



"I know that estrogen loss at menopause triggers *hot flashes, night sweats, and vaginal dryness.* I also know that replacing estrogen with PREMPRO now can relieve those symptoms and help protect me against osteoporosis, a long-term health problem. That's important. Because I have a lot further to go in life!"

EMprofiles™

is Clark
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daughters in college,
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o offers relief of your symptoms and protection against osteoporosis.
O, hormone replacement therapy, cribed for women who are experienc- enopause naturally, to relieve hot , night sweats, and vaginal dryness. symptoms can interfere with your life. f you have only mild hot flashes or weats, or perhaps none at all, you are ing estrogen during menopause and d, and that can lead to osteoporosis, can affect your future health. Many n begin to lose bone mass early in ause. In fact, up to 20% of expected e bone loss occurs in the first 5 to 7 after menopause. Osteoporosis is a g of the bones that makes them r and allows them to break more easily. EMPRO, along with calcium and exer- elps to protect against osteoporosis by ting early bone loss and reducing hip rist fractures by approximately 60%. PREMPRO, you can feel confident you tting the same blend of estrogens that women and their doctors have trusted for over 58 years combined with a progestin in one, convenient tablet.

There can be side effects with PREMPRO. Estrogen can increase the risk of cancer of the uterus. Progestin combined with estrogen, as in PREMPRO, reduces this risk. Women who have had a hysterectomy do not have this risk. PREMPRO contains progestin, which may have unfavorable effects on blood sugars and may worsen a diabetic condition. Side effects of PREMPRO include blood clots, nausea, abdominal pain, breast tenderness, irregular bleeding, headache, and hair loss.

PREMPRO is not for every woman. You should not take PREMPRO if you have had any breast or uterine cancer, abnormal vaginal bleeding, abnormal blood clotting, or if you think or know you are pregnant. Pregnant women should not take PREMPRO because of possible risk to the fetus. You should also not take PREMPRO if you have liver disease or have had a stroke. If you have heart disease, you and your doctor may decide you should not take PREMPRO. Tell your doctor about your personal and family medical history.

Protect your health now with PREMPRO. If you're in menopause or beyond, ask your doctor if PREMPRO, with its proven protection against osteoporosis and relief of menopausal symptoms, is right for you. For more information, talk to your doctor today about PREMPRO. Or call **1-800-753-1174**, or visit our Web site at **www.prempro.com**.

Please see the important information on the following page.

PREMPRO™
(conjugated estrogens/medroxyprogesterone acetate tablets)
0.625 mg/2.5 mg

You can be in the early stages of osteoporosis and not even know it. Ask your doctor about tests for osteoporosis, such as Bone Mineral Density testing. And ask how PREMPRO can help prevent this serious disease.

The No.1 Prescribed Hormone Replacement Therapy.

BRIEF SUMMARY OF PRESCRIBING INFORMATION FOR THE PATIENT

PREMPRO™ Brand of conjugated estrogens/medroxyprogesterone acetate tablets.

PREMPHASE® Brand of conjugated estrogens/medroxyprogesterone acetate tablets.

Your physician has prescribed PREMPRO or PREMPHASE, a combination of 2 hormones, an estrogen and a progestin. This summary describes the major benefits and risks of your treatment, as well as how and when treatment should be taken.

PREMPRO and PREMPHASE replace the hormones in your body which naturally decrease at menopause. The hormone combination you will be taking has been shown to provide the benefits of estrogen replacement therapy while lowering the frequency of a possible precancerous condition of the uterine lining. This therapy is not intended for women who have had a hysterectomy (surgical removal of the uterus).

Estrogens have several important uses but also some risks. You must decide, with your doctor, whether the risks of estrogens are acceptable when weighed against their benefits. The length of treatment with estrogens can vary for women. Together with your doctor, make sure you are using the lowest possible effective dose.

With PREMPRO or PREMPHASE therapy several menstrual-like bleeding patterns may occur. These may range from absence of bleeding to irregular bleeding. If bleeding occurs, it is frequently light spotting or moderate menstrual-like bleeding, but it may be heavy. If you experience vaginal bleeding while taking PREMPRO or PREMPHASE, you should discuss your bleeding pattern with your doctor and set up an appropriate schedule for your treatment.

USES OF ESTROGEN

To relieve moderate to severe menopausal symptoms. Estrogens are hormones produced by the ovaries of normal women. When a woman is between the ages of 45 and 55, the ovaries normally stop making estrogens. This leads to a drop in body estrogen levels that causes the "change of life" or menopause (the end of monthly menstrual periods). A sudden drop in estrogen levels also occurs if both ovaries are removed during an operation before natural menopause takes place. This is referred to as "surgical menopause."

When the estrogen levels begin dropping, some women develop very uncomfortable symptoms, such as feelings of warmth in the face, neck, and chest, or sudden intense episodes of heat and sweating ("hot flashes" or "hot flushes"). Using estrogen drugs can help the body adjust to lower estrogen levels and reduce these symptoms. In some women the symptoms are mild, in others they can be severe. These symptoms may last only a few months or longer. Taking PREMPRO or PREMPHASE can alleviate these symptoms. If you are not taking hormones for other reasons, such as the prevention of osteoporosis, you should take PREMPRO or PREMPHASE only as long as you need it for relief from your menopausal symptoms.

To prevent thinning of bones. Osteoporosis is a thinning of the bones that makes them weaker and allows them to break more easily. The bones of the spine, wrists, and hips break most often in osteoporosis. Both men and women start to lose bone mass after about age 40, but women lose bone mass faster after the menopause. Using estrogens after the menopause slows down bone thinning and may prevent bones from breaking. Lifelong adequate calcium intake, either from diet (such as dairy products) or from calcium supplements (to reach a total daily intake of 1,000 milligrams per day before menopause or 1,500 milligrams per day after menopause), may help to prevent osteoporosis. Regular weight-bearing exercise (like walking and running for an hour, 2 or 3 times a week) may also help to prevent osteoporosis. Before you change your calcium intake or exercise habits, it is important to discuss these lifestyle changes with your doctor to find out if they are safe for you.

Since estrogen use has some risks, only women who are likely to develop osteoporosis should use estrogens for prevention. Women who are likely to develop osteoporosis often have the following characteristics: White or Asian race; small, slim body frame; cigarette-smoking habit; family history of osteoporosis (in a mother, sister, or aunt); early menopause, either natural or because of surgical removal of ovaries ("surgical menopause").

To treat vulvar and vaginal atrophy (itching, burning, dryness in or around the vagina, difficulty or burning with urination associated with menopause).

WHO SHOULD NOT USE ESTROGENS

During pregnancy. If you think you may be pregnant, do not use any form of estrogen-containing drug. Using estrogens while you are pregnant may cause your unborn child to have birth defects. Estrogens do not prevent miscarriage.

If you have unusual vaginal bleeding which has not been evaluated by your doctor. Unusual vaginal bleeding can be a warning sign of cancer of the uterus, especially if it happens after menopause. Your doctor must find out the cause of the bleeding so that he or she can recommend the proper treatment. Taking estrogens without visiting your doctor can cause you serious harm if your vaginal bleeding is caused by cancer of the uterus.

If you have had cancer. Since estrogens increase the risk of certain types of cancer, you should not use estrogens if you have ever had cancer of the breast or uterus.

If you have any circulation problems. Estrogen drugs should not be used except in unusually special situations in which your doctor decides that you need estrogen therapy so much that the risks are acceptable. Women with abnormal blood clotting conditions should avoid estrogen use (see **RISKS OF ESTROGENS AND/OR PROGESTINS**).

When they do not work. During menopause, some women develop nervous symptoms or depression. Estrogens do not relieve these symptoms. You may have heard that taking estrogens for years after menopause will keep your skin soft and supple and keep you feeling young. There is no evidence for these claims and such long-term estrogen use may have serious risks.

After childbirth or when breastfeeding a baby. Estrogen should not be used to try to stop the breast from filling with milk after a baby is born. Such treatment may increase the risk of developing blood clots (see **RISKS OF ESTROGENS AND/OR PROGESTINS**). If you are breastfeeding, you should avoid using any drugs because many drugs pass through to the baby in the milk. While nursing a baby, you should take drugs only on the advice of your health care provider.

RISKS OF ESTROGENS AND/OR PROGESTINS

Cancer of the uterus. If you use any drug which contains estrogen, it is important to visit your doctor regularly and report any unusual vaginal bleeding right away. Vaginal bleeding after menopause may be a warning sign of uterine cancer. Your doctor should evaluate any unusual vaginal bleeding to find out the cause.

The risk of cancer of the uterus increases when estrogens are used alone, the longer they are used, and when larger doses are taken. There is a higher risk of cancer of the uterus if you are overweight, diabetic, or have high blood pressure. The hormone combination you will be taking contains estrogen and progestin. This combination has been shown to provide the benefits of estrogen replacement therapy for the **USES OF ESTROGEN** listed above, while reducing the risk of a precancerous condition of the uterine lining (see **OTHER INFORMATION,** below).

However, additional risks may be associated with the inclusion of a progestin in estrogen treatment. The possible risks include less favorable effects on blood fats as compared to Premarin® (conjugated estrogens tablets, USP) alone, unfavorable effects on blood sugars, and a possible increase in breast cancer risk (see *Cancer of the breast*, below). Usually, the smaller the dose and the shorter the duration of treatment, the more these effects are minimized. Check with your doctor to make sure you are using the lowest effective dose and only for as long as you need it.

If you have had your uterus removed, there is no risk of developing cancer of the uterus and no benefit to be gained by using a combination estrogen/progestin product.

Cancer of the breast. Most studies have not shown a higher risk of breast cancer in women who have ever used estrogens. However, some studies have reported that breast cancer developed more often (up to twice the usual rate) in women who used estrogens for long periods of time (especially more than 10 years), or who used high doses for shorter time periods. The effects of added progestin on the risk of breast cancer are unknown. Some studies have reported a somewhat increased risk, even higher than the possible risk associated with estrogens alone. Others do not. Regular breast examinations by a health professional and monthly self-examination are recommended for women. Regular mammograms are recommended for all women over 50 years of age.

Gallbladder disease. Women who use estrogens after menopause are more likely to develop gallbladder disease needing surgery than women who do not use estrogens.

Inflammation of the pancreas. Women with high triglyceride levels may have an increased risk of developing inflammation of the pancreas.

Abnormal blood clotting. Taking estrogens may cause changes in your blood clotting system. These changes allow the blood to clot more easily, possibly allowing clots to form in your bloodstream. If blood clots do form in your bloodstream, they can cut off the blood supply to vital organs, causing serious problems. These problems include a stroke (by cutting off blood to the brain), a heart attack (by cutting off blood to the heart), a pulmonary embolus (by cutting off blood to the lungs), or other problems. Any of these conditions may cause death or serious long-term disability.

Heart disease. A recent 4-year study suggests that women with a history of coronary heart disease may have an increased risk of serious cardiac events during the first year of treatment with estrogen/progestin therapy. This is if you have had a heart attack, or you have been told you have blocked coronary arteries (arteries to your heart). If you have any heart problem, you should consult your physician regarding the potential benefits and risks of estrogen/progestin therapy.

Excess calcium in the blood. Taking estrogens may lead to severe hypercalcemia in women with breast cancer or bone cancer.

During pregnancy. There is an increased risk of birth defects in children whose mothers take this drug during the first four months of pregnancy. Several reports suggest an association between mothers who take these drugs during the first trimester of pregnancy and genital abnormalities in male and female babies. The risk to the male baby is the possibility of being born with a condition in which the opening of the penis is on the underside rather than the tip of the penis (hypospadias). Hypospadias occurs in about 5 to 8 per 1,000 male births and is about double with exposure to these drugs. There is not enough information to quantify the risk to exposed female fetuses. However, enlargement of the clitoris and fusion of the labia may occur, although rarely.

Therefore, since drugs of this type may induce mild masculinization of the external genitalia of the female as well as hypospadias in the male fetus, it is wise to avoid using the drug during the first trimester of pregnancy. These drugs have been used as a test for pregnancy, but such use is no longer considered safe because of possible damage to a developing baby. Also, more rapid methods for testing for pregnancy are now available. If you take PREMPRO or PREMPHASE and later find you were pregnant when you took it, be sure to discuss this with your doctor as soon as possible.

SIDE EFFECTS WITH ESTROGENS AND/OR PROGESTINS

In addition to the risks listed above, the following side effects have been reported with estrogen and/or progestin use: Nausea, vomiting, pain, cramps, swelling, or tenderness in the abdomen. Yellowing of the skin and/or whites of the eyes. Breast tenderness or enlargement. Enlargement of benign tumors ("fibroids") of the uterus. Irregular bleeding or spotting. Change in amount of cervical secretion. Vaginal yeast infections. Retention of excess fluid (this may make some conditions worsen, such as asthma, epilepsy, migraine, heart disease, or kidney disease). Mild spotty darkening of the skin, particularly on the face, reddening of the skin; skin rashes. Worsening of porphyria. Headache, migraines, dizziness, faintness, or changes in vision (including intolerance to contact lenses). Mental depression. Involuntary muscle spasms. Hair loss or abnormal hairiness. Increase or decrease in weight. Changes in sex drive. Possible changes in blood sugar.

REDUCING THE RISKS OF ESTROGEN/PROGESTIN

If you decide to take an estrogen/progestin combination, you can reduce your risks by carefully monitoring your treatment.

See your doctor regularly. While you are taking PREMPRO or PREMPHASE, it is important to visit your doctor at least once a year for a checkup. If you develop vaginal bleeding while taking estrogens, you may need further evaluation. If members of your family have had breast cancer or if you have ever had breast lumps or an abnormal mammogram (breast X-ray), you may need to have more frequent breast examinations.

Reassess your need for treatment. You and your doctor should reevaluate whether or not you still need estrogens at least every 6 months.

Be alert for signs of trouble. If any of these warning signals (or any other unusual symptoms) happen while you are using estrogen/progestin, call your doctor immediately:

- Abnormal bleeding from the vagina (possible uterine abnormality).
- Pains in the calves or chest, a sudden shortness of breath or coughing blood (indicating possible clots in the heart, or lungs).
- Severe headache or vomiting, dizziness, faintness, or changes in vision or speech, weakness or numbness in arm or leg (indicating possible clots in the brain or eye).
- Breast lumps (possible breast cancer; ask your doctor or health professional to show you how to examine breasts monthly).
- Yellowing of the skin and/or whites of the eyes (possible liver problems).
- Pain, swelling, or tenderness in the abdomen (possible gallbladder problem).

OTHER INFORMATION

1. Estrogens increase the risk of developing a condition (endometrial hyperplasia) that may lead to cancer of the lining of the uterus. Taking progestins, another hormonal drug, with estrogens lowers the risk of developing this condition. Therefore, since your uterus has not been removed, your doctor has prescribed PREMPRO or PREMPHASE, which includes both a progestin and estrogens.

You should know, however, that taking estrogens *with* progestins may have unhealthy effects on blood fats, which might make a diabetic condition worse. Additional risks include a possible further increase in breast cancer risk which may be associated with long-term estrogen use.

Some research has shown that estrogens taken *without* progestins may protect women against developing heart disease. However, this is not certain. The protection shown may have been caused by the characteristics of the estrogen-treated women and not by the estrogen treatment itself. In general, treated women were slimmer, more physically active, and were less likely to have diabetes than the untreated women. These characteristics are known to protect against heart disease.

You are cautioned to discuss very carefully with your doctor or health care provider all the possible risks and benefits of long-term estrogen and progestin treatment as they affect you personally.

2. Your doctor has prescribed this drug for you and you alone. Do not give the drug to anyone else.

3. If you will be taking calcium supplements as part of the treatment to help prevent osteoporosis, check with your doctor about the amounts recommended.

4. Keep this and all drugs out of the reach of children. In case of overdose, call your doctor, hospital, or poison control center immediately.

5. This summary provides the most important information about PREMPRO and PREMPHASE. If you want to know more, ask your doctor or pharmacist to let you read the professional labeling. The professional labeling is also published in a book called the *Physicians' Desk Reference*, which is available in bookstores and public libraries.

Keep out of reach of children.

PI 5058-2

Revised November 2[illegible]

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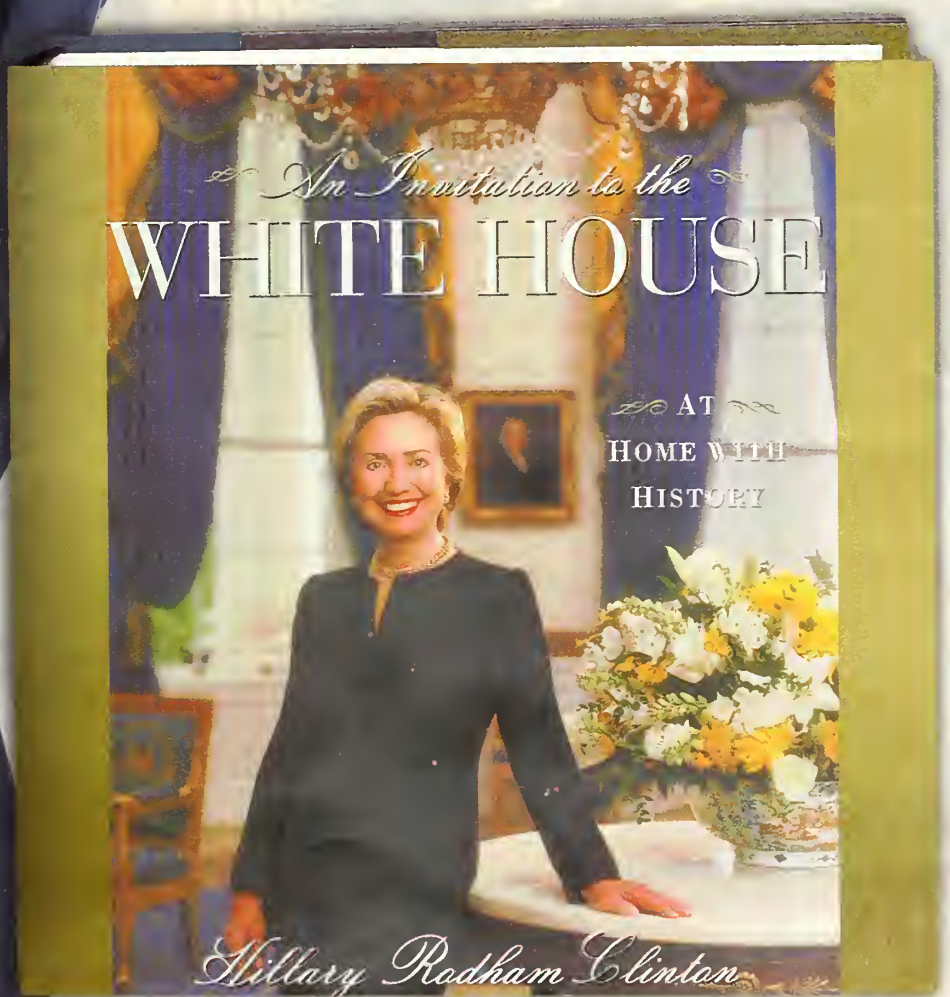
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"I don't want to settle for lukewarm, infrequent sex, either"

(continued from page 34) have a baby, but then we found out that Jack's sperm count is too low for us to conceive naturally. That only plunged us deeper into despair.

"I don't want to leave him, but I can't be a robot and pretend that I'm sexually attracted to Jack when I'm not."

JACK'S TURN:

"One of the reasons I fell in love with Sherry is because she's a very passionate person who speaks her mind," said Jack, forty-three, a slim, soft-spoken high-school teacher. "And one of the reasons we're having all these problems is because she's a passionate person who speaks her mind.

"I don't want to settle for lukewarm, infrequent sex, either. I am a passionate man, but Sherry has always been more sexually uninhibited. And when your wife tells you that she's no longer attracted to you—that maybe she never was—well, that's not exactly an aphrodisiac.

"Nothing I do in bed seems to please Sherry. She constantly pulls away and tells me she's not in the mood. She used to be a caring, earth-mother type; now she's focused only on her needs, sexual and otherwise.

"When I met Sherry, I hadn't had a serious relationship with a woman for years. I didn't have a lot of confidence in myself. I grew up outside of Rochester, New York, the younger of two boys. My dad was a teacher; my mom was a housewife. I idolized my older brother, and I think my parents secretly favored him, too. He was everything I wanted to be—handsome, cool, great with the girls.

"I think I peaked when I was seventeen. I had a girlfriend then, and I was on top of the world. But we broke up after my first year in college, and from then on, I was on a downward spiral. I was nervous about asking other women out, and I couldn't figure out what I wanted to do with my life. A friend suggested moving to Philadelphia, where they were looking for public-school teachers. On a whim, I went with him and realized I had a gift for working with children.

"I had a friend whose sister worked at the art gallery. That's where Sherry and I met. We clicked. She was funny and confident, and I was drawn to her intensity and unpretentiousness. I was ready for a relationship that would last. But almost from the start, we had sexual problems.

"On occasion, I'd been impotent with other women, and it's terribly upsetting each time. I see my ability to make love as a validation of my manhood. Sherry may like to think she's supportive and understanding, but really, she's angry and impatient, which doesn't help.

"There are certain things I like to do in bed that Sherry doesn't—and vice versa. I like to watch erotic movies; they turn her off. When she tells me what she wants, it sounds like an order from an army sergeant. Sherry is outspoken and emotional, to say the least. In a restaurant, she'll make a huge scene if her dinner isn't prepared the way she wants. Not me. I hate making waves.

"When I found out about Sherry's affair, I felt so angry and betrayed that I had to leave for a couple of weeks. But I missed her terribly during the time we were apart. Once we reconciled and I had a chance to get over the worst of my pain, we decided to try starting a family. We made love a lot during that time, and it was passionate and wonderful. But after we learned about my infertility, it was as if Sherry cut off all love and concern. She didn't try to make me feel better; she just couldn't get past the fact that she wasn't getting what she wanted. But what about me? I got lost in there somewhere.

"I think I've been pretty patient. I don't want to push Sherry if she's not into it. But I'm not going to wait for her to make up her mind. I want a sex life and a child, and I want a wife who feels the same way."

THE COUNSELOR'S TURN:

"A waning sexual desire can have many sources: pent-up anger, daily stresses, even hormonal changes," said the counselor. "But the deeper, more troubling issue of fear of intimacy is more often at the *(continued on page 42)*

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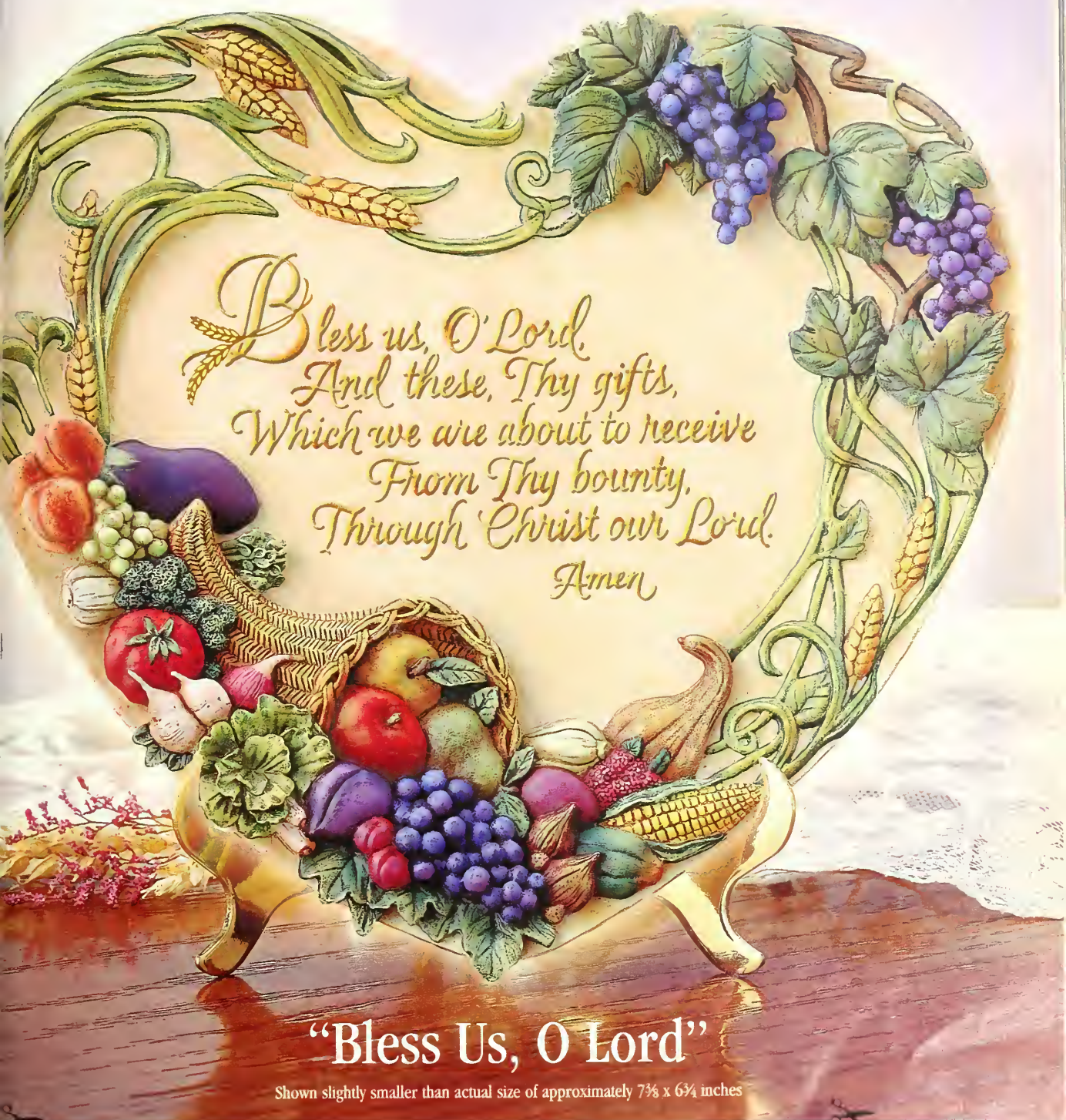


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(continued from page 38) root. This is one of the toughest problems for a therapist to treat. If one partner insists that she's not attracted to the other, how can you argue with that? The key here lay in helping Sherry understand the reason for her lack of desire, then showing her how to get it back.

"Growing up in a loveless environment, Sherry yearned for intimacy but was also terrified of it. Intimacy means being able to open your heart and bare your soul to another person, knowing you will still be loved and cared for. Since Sherry was unable to trust anyone, she either chose men who were wrong for her or deliberately sabotaged relationships, rejecting men before they could reject her.

"Feeling unworthy of Jack's kindness and love, Sherry treated him the same way her parents had treated her: excluding and alienating him and invalidating his feelings. She felt justified in having an affair because her sexual wants weren't being met. But she needed to stop hiding behind her childhood pain and find better ways to cope.

"Jack, sensitive and shy, had felt inadequate his whole adult life. He found it hard to see his good qualities and didn't have the confidence to assert himself, whether in the bedroom or in a restaurant. The impotence, his wife's betrayal and his infertility all added to his feelings of being less of a man. Though he was initially attracted to Sherry's wild side, at the same time he was intimidated by her take-charge attitude.

"We had to shatter Sherry's belief that just because she didn't feel sexual chemistry with Jack now, she never would. 'Emotional intimacy is what brings sex to the level of ecstasy,' I told her. 'Once you start opening yourself up to Jack, you'll have room for these new feelings.' Still, Sherry insisted that she couldn't stay in a relationship that held no excitement.

"After several frustrating months of therapy, Jack moved out of their apartment a second time, refusing to come back until Sherry proved that she was serious about working on the marriage. They still came to see me, but Jack resisted the temptation to talk to his wife at any other time. This was the turning point. At last, Sherry realized how much she loved Jack and feared losing him. After a month, she asked him to come home. She told me: 'The night we got back together, we bonded through sex in a way we never had before.'

"Fear of intimacy is often at the root of waning sexual desire"

"Sherry now started to focus on Jack's virtues and the things he gave her: romantic picnics on the roof of their apartment building, intellectual discussions about theater and politics, even the way he made coffee for her in the morning. I told Sherry to write down her positive thoughts on a slip of paper and refer to them whenever the old doubts crept in. Soon, her eyes were opened to the whole marriage, and she was able to work with Jack on improving the sexual part.

"I suggested that Sherry learn to trick herself into feeling sexual by acting as if she were attracted to Jack. 'This isn't the same thing as faking it,' I explained. 'Physiologically, when you make love, you trigger the release of brain chemicals. These, in turn, kick-start your desire.' Sherry began to accept Jack's sexual overtures and soon realized that she was really enjoying sex with him. 'Think about making love as a way to reconnect,' I told them. 'The more you can nurture and be nurtured, the more you will learn to trust and the more passion you'll feel.'

"As Sherry became less hostile and self-absorbed, she grew more open to satisfying Jack's needs. At the same time, Jack was able to relax and join his wife in some of her sexual fantasies, such as role-playing and tying each other to the bedposts with silk scarves. I suggested they establish some ground rules: Sherry must always ask permission first; if Jack says no or feels uncomfortable at any point, they must stop right away. Because he feels better about himself, Jack doesn't reject her ideas, and they're both thrilled. His renewed self-confidence has also resulted in fewer bouts of impotence.

"Through trust, Sherry and Jack found the happiness that had long eluded them. With a new confidence in their relationship, they are trying to start a family again." ■

"Can This Marriage Be Saved?" is the most popular, most enduring women's magazine feature in the world. This month's case is based on interviews and information from the files of Bonnie Eaker Weil, Ph.D., a marital and family therapist in New York City and author of *Make Up, Don't Break Up* (Adams Media, 2000). The story told here is true, although names and other details have been changed to conceal identities. "Can This Marriage Be Saved?" is a registered trademark of Meredith Corporation.


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A writer's dream, a mother's nightmare

When I found out my book would be Oprah's next pick, I thought life couldn't get better. Then my little girl's health took a turn for the worse

By Tawni O'Dell
Photographs by Blair Jensen



Nearly a year after her life-threatening illness, Tirzah stands tall

When the call came I was making dinner: beef stew, something I rarely prepare, but it was late February in Chicago—a cold, gray, endless time when even the most health-conscious seek solace in gravy.

I glanced at the phone, suspicious. At this time of day, with my hands caked in beef and flour, it could only be a telemarketer. "Get that, Mom," my daughter, Tirzah, shouted from the adjoining room where she and her five-year-old brother, Connor, were watching TV. "It might be for me."

At age eight, she already received more calls than I did and had a much more enviable social calendar.

The phone rang again. A little voice in the back of my mind urged me to answer it. Then it came to me: This call could be important. After a lifetime of writing and a decade of trying to publish a novel, *Back Roads* finally had been published the previous month by Viking Press. The reviews had been good, some even glowing. Sales had been respectable for an unknown writer. Now I was more than Tirzah's social secretary: I was an author.

I wiped my hands on a dish towel and answered the phone. "Can I speak with Tawni O'Dell, please?" a woman's voice asked.

"This is Tawni," I said without enthusiasm. *(continued)*


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"Tawni, this is Oprah Winfrey."

I laughed. "Yeah, right."

I knew about Oprah's Book Club, of course. Once a month, she announced a book on her show and it became an instant best-seller. But I never thought my book, *Back Roads*, was the type of book she would pick. She usually chose books with female protagonists who triumphed in some way by the end of the story. My novel was about Harley Altmyer, a nineteen-year-old boy trying to keep his blue-collar family afloat after his mother is sent to prison for killing his physically abusive father. Set in one of the bleak coal towns that dot the western Pennsylvania countryside where I grew up, even the novel's landscape is ominous and ruined.

It was Oprah Winfrey, and I had insulted her. Book or no book, this couldn't be good

The voice on the other end responded, "I really am Oprah Winfrey."

She sounded like Oprah. Okay, so it was a decent impersonation. Who did I know who would play this kind of practical joke on me?

My cousin Kenny. Years ago, when I was trying to sell the first novel I'd ever written, I mentioned the name of an editor at a certain publishing house who was reading the manuscript. He called me, disguising his voice and pretending to be the editor, and had me convinced that they were going to buy my book—until he couldn't stand it anymore and busted out laughing. Just last week we had been talking about *Back Roads*, and he'd asked jokingly if Oprah had called yet.

"I'm not stupid," I informed the caller. "You're someone my cousin Kenny got to imitate Oprah."

"I don't know your cousin Kenny," the voice assured me. Then she said, slowly, "I really *am* Oprah Winfrey."

This time I listened hard to the voice and heard a calm, straightforward mix of firmness and patience in it. It *was* Oprah Winfrey, and I had insulted her. Book or no book, this couldn't be good.

Fortunately, I didn't have much time to be mortified. After telling me how much she loved the book, Oprah launched into a dozen different questions about it, grilling me like a rabid English teacher. I had just started my next book, *The Czar of Coal Run* (which Viking plans to publish this fall), and was so preoccupied with the new characters and plot that I couldn't remember at least half the stuff that went on in *Back Roads*.

"You better reread that book," Oprah instructed me. "You're going to be our April pick. Is that okay with you?"

"Okay," I squeaked.

At that moment, I couldn't imagine anything more important or exciting than being an Oprah pick. Yet, just two weeks later, its only value to me would be as a bartering chip with God to be used in exchange for my little girl's life.

The Nightmare Begins

Tirzah came down with streptococcal pneumonia on March 7. She had been hospitalized once before with pneumonia and recovered quickly, so I wasn't overly panicked.

This time, she was released from the hospital after a couple of days and slept soundly and calmly that first night at home. But when I went to check on her the next morning, I found her lying diagonally across her bed, face down and legs bent at unnatural angles as if she had been frozen in the middle of thrashing.

I called her name and got no response. I turned her over, and terror began seeping through me. Her eyes were wide open, but not seeing. I got her to stand, but she kept her head turned to the side. I couldn't get her to speak or look in my direction.

I screamed for my husband, Mike, to come to the room, and called 911 while he stayed with her. The ambulance arrived within ten minutes, but by that time, she had gone into a full-blown seizure, her *(continued)*

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(For full prescribing information, see package insert)

INDICATIONS AND USAGE: Transderm Scōp is indicated for pr nausea and vomiting associated with motion sickness in adults should be applied only to skin in the postauricular area.

CONTRAINDICATIONS: Transderm Scōp is specifically contra persons who are hypersensitive to the drug scopolamine or to ladonna alkaloids, or to any ingredient or component in the sy delivery system, or in patients with angle-closure (narrow angle)

WARNINGS: Transderm Scōp should not be used in children an used with special caution in the elderly. See PRECAUTIONS.

Since drowsiness, disorientation, and confusion may occ use of scopolamine, patients should be warned of the possibili tioned against engaging in activities that require mental alertne driving a motor vehicle or operating dangerous machinery.

Potentially alarming idiosyncratic reactions may occur wi therapeutic doses of scopolamine.

PRECAUTIONS

General: Scopolamine should be used with caution in patients obstruction, or urinary bladder neck obstruction. Caution shou cised when administering an antiemetic or antimuscarinic drug suspected of having intestinal obstruction.

Transderm Scōp should be used with special caution in th in individuals with impaired metabolic, liver, or kidney functions, the increased likelihood of CNS effects.

Caution should be exercised in patients with a history of seiz chosis, since scopolamine can potentially aggravate both disord

Information for Patients: Since scopolamine can cause tempor of the pupils and blurred vision if it comes in contact with the eye should be strongly advised to wash their hands thoroughly wit water immediately after handling the patch. In addition, it is imp used patches be disposed of properly to avoid contact with child

Patients should be advised to remove the patch immediate tact a physician in the unlikely event that they experience sy acute narrow-angle glaucoma (pain in and reddening of the ey panied by dilated pupils). Patients should also be instructed to patch if they develop any difficulties in urinating.

Patients should be warned against driving a motor vehicle o dangerous machinery while wearing the patch. Patients who these activities should also be aware of the possibility of withdra toms when the patch is removed. Patients who expect to pa underwater sports should be cautioned regarding the potentiall ing effects of scopolamine. A patient brochure is available.

Drug Interactions: Scopolamine should be used with care taking drugs, including alcohol, capable of causing CNS effec attention should be given to drugs having anticholinergic e.g., belladonna alkaloids, antihistamines (including meclizine) depressants.

Carcinogenesis, Mutagenesis, Impairment of Fertility: No studies in animals have been performed to evaluate carcinogeni Fertility studies were performed in female rats and revealed no impaired fertility or harm to the fetus due to scopolamine hyd administered by daily subcutaneous injection. In the highest-d (plasma level approximately 500 times the level achieved in hum a transdermal system), reduced maternal body weights were ob

Pregnancy Category C: Teratogenic studies were performed in rats and rabbits with scopolamine hydrobromide administere intravenous injection. No adverse effects were recorded in the rabbits, the highest dose (plasma level approximately 100 time achieved in humans using a transdermal system) of drug ad had a marginal embryotoxic effect. Transderm Scōp should during pregnancy only if the anticipated benefit justifies the poten the fetus.

Nursing Mothers: It is not known whether scopolamine is in human milk. Because many drugs are excreted in hu caution should be exercised when Transderm Scōp is adminis nursing woman.

Pediatric Use: Children are particularly susceptible to the side belladonna alkaloids. Transderm Scōp should not be used because it is not known whether this system will release an scopolamine that could produce serious adverse effects in child

ADVERSE REACTIONS: The most frequent adverse reaction to Scōp is dryness of the mouth. This occurs in about two thirds ple. A less frequent adverse reaction is drowsiness, which occ than one sixth of the people. Transient impairment of eye accon including blurred vision and dilation of the pupils, is also observ

The following adverse reactions have also been reported on occasions during the use of Transderm Scōp: disorientation; me turbances; dizziness; restlessness; hallucinations; confusion; dif nating; rashes and erythema; acute narrow-angle glaucoma; and or red eyes.

Drug Withdrawal: Symptoms including dizziness, nausea headache, and disturbances of equilibrium have been reporte patients following discontinuation of the use of the Transderm Sc These symptoms have occurred most often in patients who hav system for more than three days.

OVERDOSAGE: Overdosage with scopolamine may cause disc memory disturbances, dizziness, restlessness, hallucinations, psychosis, convulsions, bronchospasm and respiratory depre muscular weakness. Should these symptoms occur, the Transc patch should be removed immediately, adequate hydration should tained, and appropriate symptomatic treatment initiated.

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Ask your doctor about Transderm Scōp when you make your travel plans.
Not for children or those with glaucoma, difficulty in urinating, or an allergy to scopolamine or other belladonna alkaloids. In clinical studies, some side effects were noted, including blurred vision, dryness of the mouth (in two-thirds of users) and drowsiness (reported incidence less than 1 in 6). While using this product, you should not drive, operate dangerous machinery or do other things that require alertness. Avoid using alcohol. If you are elderly, your physician should exercise special care in prescribing this product. See adjoining page for additional information on potential adverse reactions or side effects.
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A best-seller means nothing compared to my child's health

(continued) limbs jerking uncontrollably, saliva frothing at her mouth.

Tirzah was taken to the closest hospital. Ironically, we had chosen a pediatrician affiliated with a more distant hospital because that hospital was considered better. At the facility to which the ambulance brought her, our doctor wouldn't even be allowed to treat her.

"There's nothing we can do for her here," the doctor told me. "We're going to have to move her"

During the next two days, we never saw a pediatrician. Instead, we were assigned an infectious-disease specialist and a neurologist because Tirzah kept having seizures. Both doctors focused solely on her brain and seemed to ignore or discount other symptoms, such as the extreme amount of blood in her urine and her high blood pressure. We tried discussing these problems with them, but they were rarely around and almost impossible to reach by phone. When they did check in, they quickly scanned Tirzah's chart and asked us the same questions over again, as if we had just arrived. We called our pediatrician daily, but her hands were tied. We were stuck: Though we wanted to have Tirzah moved to the better facility, our insurance wouldn't cover the move, unless it was recommended by a doctor who was treating her.

Meanwhile, Tirzah continued to have seizures. She lost her memory. Her vision became blurred. She threw up everything she ate. Eventually, she no longer recognized her own daddy.

In the midst of her deterioration, the doctors pelted us with some of the most terrifying words any parent will ever hear: meningitis, encephalitis. She was tested for these illnesses and even had a spinal tap. We were paralyzed by the unspeakable fear of suddenly, senselessly losing our child, yet we reassured ourselves that the staff of a hospital—any hospital—had to know what they were doing.

The final blow came after Tirzah's brain scan came back. She had been in the hospital just forty-eight hours, but those two days seemed like two separate, excruciating eternities. Mike had gone home to shower and change his clothes, so I was alone when a doctor I had never met before took me into a room, laid her hand on top of mine and said, "Your daughter's MRI shows swelling and lesions on her brain. There's nothing we can do for her here. We're going to have to move her to Children's Hospital, in Milwaukee."

I stumbled out of the room stunned, unable to empty my mind of images of my bright, happy, energetic little girl and the realization that I might never see her that way again.

Later that same day, the resident who rode along with us to Children's Hospital asked a few questions, read Tirzah's charts, looked over the MRI and guessed that she might have acute glomerulonephritis, a kidney infection caused by the strep bacteria.

"What about the lesions?" I asked.

The resident shook her head. "I don't see any lesions," she said, pointing to the MRI. "This is probably the beginning of hemorrhaging due to her high blood pressure, which is caused by the infection."

For the next couple of days, our lives continued in slow motion, ruled by the beeping of blood-pressure monitors. But Tirzah's senses gradually began to return, and the diagnosis in the ambulance proved to be accurate. She was placed on blood-pressure and antiseizure medications to control the worst of her symptoms, and the strep was treated with antibiotics. Tirzah was released from Children's Hospital within a few days.

It's been almost a year since that horrible, wonderful March, and our lives have pretty much returned to normal. While having one of the best experiences of my life coincide with one of the worst made the success of my novel seem even sweeter, it also put its importance into perspective. When I look at the Oprah logo on the cover of *Back Roads*, I not only think about how fortunate I am to have it, but also how fortunate I was without it. ■

To order a copy of Oprah's pick, "Back Roads," by Tawni O'Dell, call 800-763-6393. This 338-page hardcover book sells for $29.95, including shipping, handling and applicable sales tax.

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You gotta have friends

Having dear old pals is a glorious thing. Making new ones can be even better

By Melinda Marshall. Illustration by Rebecca Gibbon

I've made a new friend.

Not just another mom I'll chat with on PTA night, or wave to as I drive by, but a friend. Someone who will sneak out with me for a two-hour lunch. Someone I can drop in on for a cup of tea. Someone who will listen and make me feel understood the next time I burst into tears for no apparent reason.

This is no small feat, at my age. I barely have the time, or energy, to keep up with my old pals, let alone make new ones.

But as I grow older—and as my kids and marriage grow older—it's clear to me that I need a safety net, the kind only a tight circle of women can provide. And because holes keep opening up as old friends move away, I've got to dedicate the energy to weaving in new women.

Making friends on the brink of forty is a lot like dating after a terrible breakup. You drag your feet because you can't believe you have to start over. But the minute you do, it's not half as hard as you thought. And it's twice as rewarding as you could have hoped.

Women's Intuition

I almost didn't meet Joan. We were at the YMCA sitting by the pool, waiting for our sons to finish their swim lesson. She was reading a book by an author I had read for my book club. I wanted to say something. I said nothing. It was like I'd lost the knack for opening lines.

In the locker room, we found ourselves side by side again, wrestling our boys out of their suits. I brooded over what to say. She headed for the door.

"What do you think of Ondaatje?" I blurted, mostly to her back.

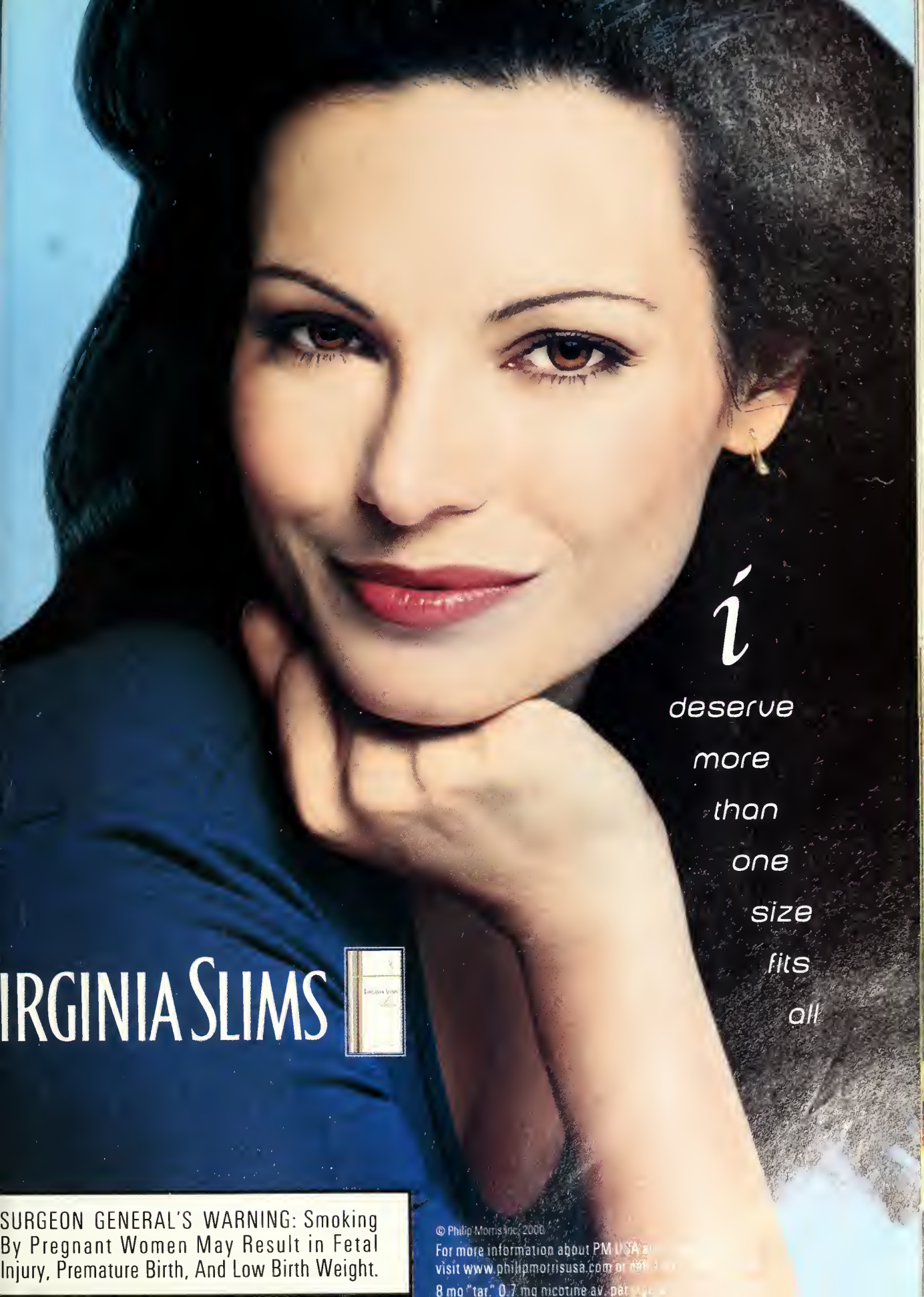
She turned around. Like a teenager, I blushed. "Oh!" she said, "I am so, so enjoying this. Although—did you read *The English Patient*? That was really his best. . . ."

We chatted after the next two lessons as well, comparing reading lists and yoga classes as our boys ran around naked and hid in the lockers. By the fourth swim lesson, we'd moved to side-by-side chairs in the lobby. Before the fifth, we'd arranged to spend a day together in the city.

Pretty whirlwind, huh? But that's how I'm conducting my affairs these days. I'm like the seasoned bachelor. I know what I'm looking for, and I don't have the time or inclination to wait until it finds me. No more protracted sniff tests, no more playing my cards close to the table. I have nothing to lose should my instincts turn out to be dead wrong.

But they rarely do. Not because everybody I meet turns out to be wonderful in every way, but because I need each of them to be wonderful in only one or two ways.

Take Joan, for instance: Had I met her ten years ago, I would have taken a pass. She kept *(continued)*


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(continued) dropping status hints.

Some of them were so blatant, I couldn't even feel provoked. Wiser, I knew to chalk it up to insecurity. A competitive streak also drove her to brag (which is annoying), but it drove her to do things I like as well. She reads tough authors. She makes herself do push-ups on her toes. When she gave me her number, she didn't meekly suggest we get our boys together for a play date. She said, "I've got two guest passes to this amazing gym in the city. We could have ourselves a spa day!"

So I decided to go ahead with the friendship.

Passive vs. Proactive

I didn't always choose my friends. For years, I let fate choose them for me. A new job, a new city, an expensive apartment made me intimates with people I'd never have said hello to otherwise. It seemed as fine a friend-making strategy as any.

This was especially true when the challenge consuming me was new motherhood. Anybody who had a baby back when I did was my bosom buddy. The women I shared a bench with at the park, the mom on the corner who lent me her infant swing—all these women qualified. I was too overwhelmed to take notice of what we had in common beyond the obvious.

But as my children grew older and I got more sleep, that changed. Occasionally, in the middle of a conversation about fish sticks or Pull-Ups or Disney videos, I'd feel a murderous impatience toward certain of my fellow sufferers. Was this the extent of our bond—what our kids ate or wore or did?

I discovered, to my grief, that only as long as I allowed my children to define me could I continue many of these friendships.

And that's the problem with circumstantial relationships: They don't survive a change of circumstances. They're not there to sustain you d ing life's transitions—between m ternity and midlife, between midl and menopause—when you're lik liest to be off-balance. And shou you fall, you want to be darn su that you've got the right people catch you: women you handpick for the job.

An Imperative, Not a Luxury

Recently I found myself with ext tickets for an upcoming perfo mance. I considered the usual su pects, but instead called a woma I'd met only once before. She ha on some neocortical level, made impression.

She seemed genuinely thrilled hear from me. But a weird thir happened between me inviting h and her accepting: We talked, feve ishly, for nearly an hour. We lea from African folk traditions to Jev ish sabbath rituals. We covered e erything from why we chose ou husbands to how best to purc cauliflower. By the time we hun up, I felt electrified. In a funny wa it's the sort of feeling I had after m first date with my husband.

I've come to see this stage of m life as a period brimming with op portunity, friendwise. By the tim you reach forty, you're at an extraor dinary juncture: We don't need t gush, but we're not afraid anymor to really unburden our hearts. W cope pretty well, but not so well tha we need to pretend we never fai We're fairly accomplished, bu we're no longer so insecure that w have to flaunt it.

In a word, we can be ourselves That's too wonderful a development too precious a gift to deny each oth er. And it really doesn't take tha much time, or that much effort, t share that gift. ■

Want to share your thoughts about friendship? You can write to Melinda at *melinda@mdp.com*

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Real-life Survivors

The contestants on *Survivor* had to eat rodents, but they never faced a life-or-death crisis. Tales from *true* survivors By Nell Bernstein



Free at last: Louise Augustine is rescued after a month of captivity in the jungle

Kidnapped by Rebels

It was six A.M. on March 23, 1998, and Louise Augustine, sixty-three, had been up for three hours. An avid bird-watcher, the former nun and retired school teacher from Chillicothe, Illinois, had traveled to Colombia, South America, known for its diverse bird life, with three friends. Augustine and her fellow bird-watchers—Todd Mark, Thomas Fiore and Peter Shen, all in their thirties—were driving on a remote mountain road in search of the Cundimarca Antpitta, a rare bird.

The group had almost reached the elevation at which the bird was likely to be found when they were stopped by a military truck. Several soldiers demanded their passports, then told the bird-watchers they would have to come with them for a few days. "We were terrified," recalls Augustine.

Augustine and her friends got into the soldiers' truck and were driven up the mountain. By midafternoon, the group arrived at an encampment in the rain forest, where people in camouflage lounged about. The captors were members of the Revolutionary Armed Forces of Colombia (FARC), the country's largest rebel group.

That night, the bird-watchers slept in sleeping bags on wooden planks. By morning, about twenty more hostages, mostly Colombians, had arrived. Augustine was worried but tried to remain calm.

The next day, Augustine and her friends met with the rebel commander, who demanded to know who they were "working for." Then they heard on a radio report that FARC had decided the bird-watchers were spies and would kill them unless they could prove otherwise.

Later that day, the commander acknowledged that the bird-watchers weren't spies, but told them that their freedom would cost $5 million. Surprisingly, the kidnappers didn't contact their families to demand the ransom.

After several days in the camp, the guerrillas rounded up the hostages and began marching them through the forest. They slept in abandoned houses or makeshift encampments and ate rice and chicken or fish. On April 2, Augustine noticed that Fiore had disappeared. The guerrillas noticed, too, and began searching for him. When they returned, they lined up the hostages and, guns drawn, announced that they had found and killed Fiore. If anyone else tried to escape, they warned, they would kill the entire group.

Two days later, exhausted and hungry, Augustine slipped on a ledge above a river and fell more than sixty feet. She was knocked unconscious for a few minutes. From that day on, Augustine struggled to keep up with the group. She had trouble breathing, and one of her legs ached. A soldier sometimes nudged her along with a gun to her back. I don't want to die, she told herself, so I'm going to do whatever it takes to survive.

On April 24, after more than a month in captivity, the guerrillas told Augustine she would be leaving. They put her on a mule and began leading her back in the direction they had come. At day's end, Augustine saw a white van with a red cross painted on the side. As Red Cross personnel carried her to the van, Augustine forgot about the pain. "It was the moment I had been praying for," she says.

At the hospital, X rays revealed that Augustine had eight broken ribs, a collapsed lung and a broken hip. The next day she watched on Colombian television as Mark and Shen were released to the *(continued on page 58)*

Who says you can't share secrets with your grandson for years and years?



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CONTRAINDICATIONS: Hypersensitivity to any component of this medication. Active liver disease or unexplained, persistent elevations in liver function tests (see **WARNINGS**). *Pregnancy and lactation* Atherosclerosis is a chronic process and discontinuation of lipid-lowering drugs during pregnancy should have little impact on the outcome of long-term therapy of primary hypercholesterolemia. Cholesterol and other products of cholesterol biosynthesis are essential components for fetal development (including synthesis of steroids and cell membranes). Since HMG-CoA reductase inhibitors decrease cholesterol synthesis and possibly the synthesis of other biologically active substances derived from cholesterol, they are contraindicated during pregnancy and in nursing mothers. **Pravastatin should be administered to women of childbearing age only when such patients are highly unlikely to conceive and have been informed of the potential hazards.** If the patient becomes pregnant while taking this class of drug, therapy should be discontinued immediately and the patient apprised of the potential hazard to the fetus (see **PRECAUTIONS: Pregnancy**).

WARNINGS: Liver Enzymes: HMG-CoA reductase inhibitors, like some other lipid-lowering therapies, have been associated with biochemical abnormalities of liver function. Increases of serum transaminase (ALT, AST) values to more than 3 times the upper limit of normal occurring on 2 or more (not necessarily sequential) occasions have been reported in 1.3% of patients treated with pravastatin in the US over an average period of 18 months. These abnormalities were not associated with cholestasis and did not appear to be related to treatment duration. In those patients in whom these abnormalities were believed to be related to pravastatin and who were discontinued from therapy, the transaminase levels usually fell slowly to pretreatment levels. These biochemical findings are usually asymptomatic although worldwide experience indicates that anorexia, weakness, and/or abdominal pain may also be present in rare patients. In the largest long-term placebo-controlled clinical trial with pravastatin (Pravastatin Primary Prevention Study; see **CLINICAL PHARMACOLOGY**), the overall incidence of AST and/or ALT elevations to greater than three times the upper limit of normal was 1.05% in the pravastatin group as compared to 0.75% in the placebo group. One (0.03%) pravastatin-treated patient and 2 (0.06%) placebo-treated patients were discontinued because of transaminase elevations. Of the patients with normal liver function at week 12, three of 2875 treated with pravastatin (0.10%) and one of the 2919 placebo patients (0.03%) had elevations of AST greater than three times the upper limit of normal on two consecutive measurements and/or discontinued due to elevations in transaminase levels during the 4.8 years (median treatment) of the study. **It is recommended that liver function tests be performed prior to and at 12 weeks following initiation of therapy or the elevation of dose.** Patients who develop increased transaminase levels or signs and symptoms of liver disease should be monitored with a second liver function evaluation to confirm the finding and be followed thereafter with frequent liver function tests until the abnormality(ies) return to normal. Should an increase in AST or ALT of three times the upper limit of normal or greater persist, withdrawal of pravastatin therapy is recommended. Active liver disease or unexplained transaminase elevations are contraindications to the use of pravastatin (see **CONTRAINDICATIONS**). Caution should be exercised when pravastatin is administered to patients with a history of liver disease or heavy alcohol ingestion (see **CLINICAL PHARMACOLOGY: Pharmacokinetics/Metabolism**). Such patients should be closely monitored, started at the lower end of the recommended dosing range, and titrated to the desired therapeutic effect. **Skeletal Muscle: Rare cases of rhabdomyolysis with acute renal failure secondary to myoglobinuria have been reported with pravastatin and other drugs in this class.** Uncomplicated myalgia has also been reported in pravastatin-treated patients (see **ADVERSE REACTIONS**). Myopathy, defined as muscle aching or muscle weakness in conjunction with increases in creatine phosphokinase (CPK) values to greater than 10 times the upper normal limit, was rare (~0.1%) in pravastatin clinical trials. Myopathy should be considered in any patient with diffuse myalgias, muscle tenderness or weakness, and/or marked elevation of CPK. Patients should be advised to report promptly unexplained muscle pain, tenderness or weakness, particularly if accompanied by malaise or fever. **Pravastatin therapy should be discontinued if markedly elevated CPK levels occur or myopathy is diagnosed or suspected. Pravastatin therapy should also be temporarily withheld in any patient experiencing an acute or serious condition predisposing to the development of renal failure secondary to rhabdomyolysis, e.g., sepsis; hypotension; major surgery; trauma; severe metabolic, endocrine, or electrolyte disorders; or uncontrolled epilepsy.** The risk of myopathy during treatment with another HMG-CoA reductase inhibitor is increased with concurrent therapy with either erythromycin, cyclosporine, niacin, or fibrates. However, neither myopathy nor significant increases in CPK levels have been observed in three reports involving a total of 100 post-transplant patients (24 renal and 76 cardiac) treated for up to two years concurrently with pravastatin 10-40 mg and cyclosporine. Some of these patients also received other concomitant immunosuppressive therapies. Further, in clinical trials involving small numbers of patients who were treated concurrently with pravastatin and niacin, there were no reports of myopathy. Also, myopathy was not reported in a trial of combination pravastatin (40 mg/day) and gemfibrozil (1200 mg/day), although 4 of 75 patients on the combination showed marked CPK elevations versus one of 73 patients receiving placebo. There was a trend toward more frequent CPK elevations and patient withdrawals due to musculoskeletal symptoms in the group receiving combined treatment as compared with the groups receiving placebo, gemfibrozil, or pravastatin monotherapy (see **PRECAUTIONS: Drug Interactions**). **The use of fibrates alone may occasionally be associated with myopathy. The combined use of pravastatin and fibrates should be avoided unless the benefit of further alterations in lipid levels is likely to outweigh the increased risk of this drug combination.**

PRECAUTIONS: General: PRAVACHOL (pravastatin sodium) may elevate creatine phosphokinase and transaminase levels (see **ADVERSE REACTIONS**). This should be considered in the differential diagnosis of chest pain in a patient on therapy with pravastatin. *Homozygous Familial Hypercholesterolemia* Pravastatin has not been evaluated in patients with rare homozygous familial hypercholesterolemia. In this group of patients, it has been reported that HMG-CoA reductase inhibitors are less effective because the patients lack functional LDL receptors. *Renal Insufficiency* A single 20 mg oral dose of pravastatin was administered to 24 patients with varying degrees of renal impairment (as determined by creatinine clearance). No effect was observed on the pharmacokinetics of pravastatin or its 3α-hydroxy isomeric metabolite (SO 31,966). A small increase was seen in mean AUC values and half-life ($t_{1/2}$) for the inactive enzymatic ring hydroxylation metabolite (SO 31,945). Given this small sample size, the dosage administered, and the degree of individual variability, patients with renal impairment who are receiving pravastatin should be closely monitored. **Information for Patients:** Patients should be advised to report promptly unexplained muscle pain, tenderness or weakness, particularly if accompanied by malaise or fever (see **WARNINGS: Skeletal Muscle**). **Drug Interactions:** *Immunosuppressive Drugs, Gemfibrozil, Niacin (Nicotinic Acid), Erythromycin:* See **WARNINGS: Skeletal Muscle**. *Cytochrome P450 3A4 Inhibitors, in vitro and in vivo* data indicate that pravastatin is not metabolized by cytochrome P450 3A4 to a clinically significant extent. This has been shown in studies with known cytochrome P450 3A4 inhibitors (see diltiazem and itraconazole below). Other examples of cytochrome P450 3A4 inhibitors include ketoconazole, mibefradil, and erythromycin. *Diltiazem* – Steady-state levels of diltiazem (a known, weak inhibitor of P450 3A4) had no effect on the pharmacokinetics of pravastatin. In this study, the AUC and C_{max} of another HMG-CoA reductase inhibitor which is known to be metabolized by cytochrome P450 3A4 increased by factors of 3.6 and 4.3, respectively. *Itraconazole* – The mean AUC and C_{max} for pravastatin were increased by factors of 1.7 and 2.5, respectively, when given with itraconazole (a potent P450 3A4 inhibitor which also inhibits p-glycoprotein transport) as compared to placebo. The mean $t_{1/2}$ was not affected by itraconazole, suggesting that the relatively small increases in C_{max} and AUC were due solely to increased bioavailability rather than a decrease in clearance, consistent with inhibition of p-glycoprotein transport by itraconazole. This drug transport system is thought to affect bioavailability and excretion of HMG-CoA reductase inhibitors, including pravastatin. The AUC and C_{max} of another HMG-CoA reductase inhibitor which is known to be metabolized by cytochrome P450 3A4 increased by factors of 19 and 17, respectively, when given with itraconazole. *Antipyrine* Since concomitant administration of pravastatin had no effect on the clearance of antipyrine, interactions with other drugs metabolized via the same hepatic cytochrome isozymes are not expected. *Cholestyramine/Colestipol:* Concomitant administration resulted in an approximately 40 to 50% decrease in the mean AUC of pravastatin. However, when pravastatin was administered 1 hour before or 4 hours after cholestyramine or 1 hour before colestipol and a standard meal, there was no clinically significant decrease in bioavailability or therapeutic effect (See **DOSAGE AND ADMINISTRATION: Concomitant Therapy**.) *Warfarin:* Pravastatin had no clinically significant effect on prothrombin time when administered in a study to normal elderly subjects who were stabilized on warfarin. *Cimetidine.* The AUC_{0-12hr} for pravastatin when given with cimetidine was not significantly different from the AUC for pravastatin when given alone. A significant difference was observed between the AUC's for pravastatin when given with cimetidine compared to when administered with antacid. *Digoxin.* In a crossover trial involving 18 healthy male subjects given pravastatin and digoxin concurrently for 9 days, the bioavailability parameters of digoxin were not affected. The AUC of pravastatin tended to increase, but the overall bioavailability of pravastatin plus its metabolites SO 31,906 and SO 31,945 was not altered. *Cyclosporine.* Some investigators have measured cyclosporine levels in patients on pravastatin, and to date, these results indicate no clinically meaningful elevations in cyclosporine levels. In one single-dose study, pravastatin levels were found to be increased in cardiac transplant patients receiving cyclosporine. *Gemfibrozil:* In a crossover study in 20 healthy male volunteers given concomitant single doses of pravastatin and gemfibrozil, there was a significant decrease in urinary excretion and protein binding of pravastatin. In addition, there was a significant increase in AUC, C_{max}, and T_{max} for the pravastatin metabolite SO 31,906. Combination therapy with pravastatin and gemfibrozil is generally not recommended. In interaction studies with *aspirin, antacids* (1 hour prior to PRAVACHOL), *cimetidine, nicotinic acid*, or *probucol*, no statistically significant differences in bioavailability were seen when PRAVACHOL (pravastatin sodium) was administered. **Endocrine Function:** HMG-CoA reductase inhibitors interfere with cholesterol synthesis and lower circulating cholesterol levels and, as such, might theoretically blunt adrenal or gonadal steroid hormone production. Results of clinical trials with pravastatin in males and post-menopausal females were inconsistent with regard to possible effects of the drug on basal steroid hormone levels. In a study of 21 males, the mean testosterone response to human chorionic gonadotropin was significantly reduced ($p<0.004$) after 16 weeks of treatment with 40 mg of pravastatin. However, the percentage of patients showing a ≥50% rise in plasma testosterone after human chorionic gonadotropin stimulation did not change significantly after therapy in these patients. The effects of HMG-CoA reductase inhibitors on spermatogenesis and fertility have not been studied in adequate numbers of patients. The effects, if any, of pravastatin on the pituitary-gonadal axis in pre-menopausal females are unknown. Patients treated with pravastatin who display clinical evidence of endocrine dysfunction should be evaluated appropriately. Caution should also be exercised if an HMG-CoA reductase inhibitor or other agent used to lower cholesterol levels is administered to patients also receiving other drugs (e.g., ketoconazole, spironolactone, cimetidine) that may diminish the levels or activity of steroid hormones. **CNS Toxicity:** CNS vascular lesions, characterized by perivascular hemorrhage and edema and mononuclear cell infiltration of perivascular spaces, were seen in dogs treated with pravastatin at a dose of 25 mg/kg/day, a dose that produced a plasma drug level about 50 times higher than the mean drug level in humans taking 40 mg/day. Similar CNS vascular lesions have been observed with several other drugs in this class. A chemically similar drug in this class produced optic nerve degeneration (Wallerian degeneration of retinogeniculate fibers) in clinically normal dogs in a dose-dependent fashion starting at 60 mg/kg/day, a dose that produced mean plasma drug levels about 30 times higher than the mean drug level in humans taking the highest recommended dose (as measured by total enzyme inhibitory activity). This same drug also produced vestibulocochlear Wallerian-like degeneration and retinal ganglion cell chromatolysis in dogs treated for 14 weeks at 180 mg/kg/day, a dose which resulted in a mean plasma drug level similar to that seen with the 60 mg/kg/day dose. **Carcinogenesis, Mutagenesis, Impairment of Fertility:** In a 2-year study in rats fed pravastatin at doses of 10, 30, or 100 mg/kg body weight, there was an increased incidence of hepatocellular carcinomas in males at the highest dose ($p<0.01$). Although rats were given up to 125 times the human dose (HD) on a mg/kg body weight basis, serum drug levels were only 6 to 10 times higher than the [illegible] in humans given 40 mg pravastatin as measured by AUC. In a 2-year study in mice fed pravastatin at doses of 250 and 500 there was an increased incidence of hepatocellular carcinomas in males and females at both 250 and 500 mg/kg/[illegible]. At these doses, lung adenomas in females were increased ($p=0.013$). Serum drug levels were 30 to 40 times (250 m[illegible] 50 times (500 mg/kg/day) that of humans given 40 mg pravastatin, as measured by AUC. In another 2-year study in ma[illegible] at up to 100 mg/kg/day (producing plasma drug levels up to 5 times human drug levels at 40 mg), there were no drug-[illegible]. No evidence of mutagenicity was observed *in vitro*, with or without rat-liver metabolic activation, in the following studies: mutagen tests, using mutant strains of *Salmonella typhimurium* or *Escherichia coli*; a forward mutation assay in L5178Y [illegible] lymphoma cells; a chromosomal aberration test in hamster cells; and a gene conversion assay using *Saccharomyces*. In addition, there was no evidence of mutagenicity in either a dominant lethal test in mice or a micronucleus test in mice or rats, with daily doses up to 500 mg/kg, pravastatin did not produce any adverse effects on fertility or general performance. However, in a study with another HMG-CoA reductase inhibitor, there was decreased fertility in male rats t[illegible] weeks at 25 mg/kg body weight, although this effect was not observed in a subsequent fertility study when this su[illegible] administered for 11 weeks (the entire cycle of spermatogenesis, including epididymal maturation). In rats treated wi[illegible] reductase inhibitor at 180 mg/kg/day, seminiferous tubule degeneration (necrosis and loss of spermatogenic epi[illegible] observed. Although not seen with pravastatin, two similar drugs in this class caused drug-related testicular atrophy, d[illegible] matogenesis, spermatocytic degeneration, and giant cell formation in dogs. The clinical significance of these findin[illegible] **Pregnancy: Pregnancy Category X.** See **CONTRAINDICATIONS**. Safety in pregnant women has not been established. [illegible] not teratogenic in rats at doses up to 1000 mg/kg daily or in rabbits at doses of up to 50 mg/kg daily. These doses [illegible] (rabbit) or 240x (rat) the human exposure based on surface area (mg/meter²). Rare reports of congenital anomalies received following intrauterine exposure to other HMG-CoA reductase inhibitors. In a review[1] of approximately 100 [illegible] followed pregnancies in women exposed to simvastatin or lovastatin, the incidences of congenital anomalies, spontaneo[illegible] and fetal deaths/stillbirths did not exceed what would be expected in the general population. The number of cases is a[illegible] to exclude a three-to-four-fold increase in congenital anomalies over the background incidence. In 89% of the pr[illegible] pregnancies, drug treatment was initiated prior to pregnancy and was discontinued at some point in the first trimester wh[illegible] was identified. As safety in pregnant women has not been established and there is no apparent benefit to therapy with [illegible] during pregnancy (see **CONTRAINDICATIONS**), treatment should be immediately discontinued as soon as pregnancy [illegible] PRAVACHOL (pravastatin sodium) should be administered to women of child-bearing potential only when such patient[illegible] unlikely to conceive and have been informed of the potential hazards. **Nursing Mothers:** A small amount of pravastati[illegible] in human breast milk. Because of the potential for serious adverse reactions in nursing infants, women taking PRAVACH[illegible] nurse (see **CONTRAINDICATIONS**). **Pediatric Use:** Safety and effectiveness in individuals less than 18 years old h[illegible] established. Hence, treatment in patients less than 18 years old is not recommended at this time. **Geriatric Use:** Tw[illegible] prevention trials with pravastatin (CARE and LIPID) included a total of 6,593 subjects treated with pravastatin 40 mg for pe[illegible] up to 6 years. Across these two studies, 36.1% of pravastatin subjects were aged 65 and older and 0.8% were aged [illegible]. The beneficial effect of pravastatin in elderly subjects in reducing cardiovascular events and in modifying lipid profil[illegible] to that seen in younger subjects. The adverse event profile in the elderly was similar to that in the overall population. [illegible] clinical experience has not identified differences in responses to pravastatin between elderly and younger patients. Mean[illegible] AUCs are slightly (25-50%) higher in elderly subjects than in healthy young subjects, but mean C_{max}, T_{max} and $t_{1/2}$ value[illegible] in both age groups and substantial accumulation of pravastatin would not be expected in the elderly (see **CLINICAL [illegible] COLOGY: Pharmacokinetics/Metabolism**).

ADVERSE REACTIONS: Pravastatin is generally well tolerated; adverse reactions have usually been mild and transient. [illegible] long placebo-controlled trials, 1.7% of pravastatin-treated patients and 1.2% of placebo-treated patients were discon[illegible] treatment because of adverse experiences attributed to study drug therapy; this difference was not statistically significa[illegible] term studies, the most common reasons for discontinuation were asymptomatic serum transaminase increases and [illegible] specific gastrointestinal complaints. (See also **PRECAUTIONS: Geriatric Use** section.) **Adverse Clinical Events:** All adv[illegible] events (regardless of attribution) reported in more than 2% of pravastatin-treated patients in the placebo-controlled trials a[illegible] in the table below; also shown are the percentages of patients in whom these medical events were believed to be relate[illegible] related to the drug.

	All Events		Events Attributed to Study Drug	
Body System/Event	**Pravastatin (N = 900) %**	**Placebo (N = 411) %**	**Pravastatin (N = 900) %**	**Place (N = 4 %**
Cardiovascular				
Cardiac Chest Pain	4.0	3.4	0.1	0.0
Dermatologic Rash	4.0*	1.1	1.3	0.5
Gastrointestinal				
Nausea/Vomiting	7.3	7.1	2.9	3.4
Diarrhea	6.2	5.6	2.0	1.5
Abdominal Pain	5.4	6.9	2.0	3.5
Constipation	4.0	7.1	2.4	5.1
Flatulence	3.3	3.6	2.7	3.4
Heartburn	2.9	1.9	2.0	0.7
General				
Fatigue	3.8	3.4	1.9	1.0
Chest Pain	3.7	1.9	0.3	0.2
Influenza	2.4*	0.7	0.0	0.0
Musculoskeletal				
Localized Pain	10.0	9.0	1.4	1.5
Myalgia	2.7	1.0	0.6	0.0
Nervous System				
Headache	6.2	3.9	1.7*	0.2
Dizziness	3.3	3.2	1.0	0.5
Renal/Genitourinary				
Urinary Abnormality	2.4	2.9	0.7	1.2
Respiratory				
Common Cold	7.0	6.3	0.0	0.0
Rhinitis	4.0	4.1	0.1	0.0
Cough	2.6	1.7	0.1	0.0

*Statistically significantly different from placebo.

In three large, placebo-controlled trials (West of Scotland Coronary Prevention study [WOS], Cholesterol and Recurrent E[illegible] [CARE], and Long-term Intervention with Pravastatin in Ischemic Disease study [LIPID]) involving a total of 19,768 patients t[illegible] PRAVACHOL (N=9895) or placebo (N=9873), the safety and tolerability profile in the pravastatin group was comparable to [illegible] placebo group over the median 4.8 to 5.9 years of follow-up. The following effects have been reported with drugs in thi[illegible] all the effects listed below have necessarily been associated with pravastatin therapy. *Skeletal:* myopathy, rhabdomyolysis. *Neurological:* dysfunction of certain cranial nerves (including alteration of taste, impairment of extra-ocular movement, fac[illegible] tremor, vertigo, memory loss, paresthesia, peripheral neuropathy, peripheral nerve palsy, anxiety, insomnia, depression. *Hyp[illegible] Reactions:* An apparent hypersensitivity syndrome has been reported rarely which has included one or more of the followi[illegible] anaphylaxis, angioedema, lupus erythematous-like syndrome, polymyalgia rheumatica, dermatomyositis, vasculiti[illegible] thrombocytopenia, leukopenia, hemolytic anemia, positive ANA, ESR increase, eosinophilia, arthritis, arthralgia, urticari[illegible] photosensitivity, fever, chills, flushing, malaise, dyspnea, toxic epidermal necrolysis, erythema multiforme, including Steve[illegible] syndrome. *Gastrointestinal:* pancreatitis, hepatitis, including chronic active hepatitis, cholestatic jaundice, fatty change i[illegible] rarely, cirrhosis, fulminant hepatic necrosis, and hepatoma; anorexia, vomiting. *Skin:* alopecia, pruritus. A variety of skin ch[illegible] nodules, discoloration, dryness of skin/mucous membranes, changes to hair/nails) have been reported. *Reproductive:* gyn[illegible] loss of libido, erectile dysfunction. *Eye:* progression of cataracts (lens opacities), ophthalmoplegia. *Laboratory Abnormalitie[illegible]* transaminases, alkaline phosphatase, and bilirubin; thyroid function abnormalities. **Laboratory Test Abnormalities:** [illegible] serum transaminase (ALT, AST) values and CPK have been observed (see **WARNINGS**). Transient, asymptomatic eosinophil[illegible] reported. Eosinophil counts usually returned to normal despite continued therapy. Anemia, thrombocytopenia, and leuko[illegible] been reported with HMG-CoA reductase inhibitors. **Concomitant Therapy:** Pravastatin has been administered concu[illegible] cholestyramine, colestipol, nicotinic acid, probucol and gemfibrozil. Preliminary data suggest that the addition of either [illegible] gemfibrozil to therapy with lovastatin or pravastatin is **not** associated with greater reduction in LDL-cholesterol than th[illegible] with lovastatin or pravastatin alone. No adverse reactions unique to the combination or in addition to those previously report[illegible] drug alone have been reported. Myopathy and rhabdomyolysis (with or without acute renal failure) have been reported wh[illegible] HMG-CoA reductase inhibitor was used in combination with immunosuppressive drugs, gemfibrozil, erythromycin, or lipi[illegible] doses of nicotinic acid. Concomitant therapy with HMG-CoA reductase inhibitors and these agents is generally not recomme[illegible] **WARNINGS: Skeletal Muscle** and **PRECAUTIONS: Drug Interactions**.)

OVERDOSAGE: To date, there are two reported cases of overdosage with pravastatin, both of which were asymptoma[illegible] associated with clinical laboratory abnormalities. If an overdose occurs, it should be treated symptomatically and supportive [illegible] should be instituted as required.

REFERENCE: [1]Manson JM, Freyssinges C, Ducrocq MB, Stephenson WP. Postmarketing Surveillance of Lovastatin and S[illegible] Exposure During Pregnancy. *Reproductive Toxicology* 10(6):439-446, 1996.

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51



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Real-life Survivors

(continued from page 54)

Red Cross. Apparently the rebels had agreed to release Augustine and the two men in exchange for being allowed to do a radio broadcast condemning the U.S. government. Fiore was also safe, having been discovered in the rain forest the same day he was missing by a television crew covering the kidnappings.

On April 28, Augustine boarded a plane to Sarasota, Florida, where she would spend several months recuperating at her sister's house.

Despite her ordeal, Augustine continues to travel and bird-watch, visiting Mexico, Peru, Chile, Turkey and Japan. "People ask, 'Are you staying home now?' I say, 'Only between trips!'"



Above: Jan Gold recovers after being bitten in the head by a Siberian tiger

Attacked by a Tiger

Jan Gold, a forty-two-year-old mortgage loan officer, has always loved animals. The Boise, Idaho, house that Gold, a single mother, shares with her eleven-year-old son, Travis, is also occupied by a greyhound, a Labrador retriever, two cats and an African parrot.

Last January, Gold became a board member of Zoo Boise. On August 11, she attended a fund-raiser at the zoo. After dinner, Gold decided to take six friends on a tour. They were nearly finished when Gold spotted zoo manager David Wayne, who was on his way to feed "the boys"—three-year-old Siberian tigers Tiaga and Tundra, the zoo's star attraction. (The six-hundred-pound animals are an endangered species.) Wayne invited Gold and her friends to come along.

The group entered an enclosure where the tigers ate and slept in three ordinarily double-padlocked pens. Gold, who entered first, noticed that one of the pens was wide open. She reached out to close the gate and found herself face-to-face with Tiaga. She backed up slowly, knowing that if she ran, the tiger would consider her prey. Gold's friends quickly left, but Wayne and two other guests—a police officer and Gold's then-boyfriend—stayed with her.

Gold was still retreating, her back to the tiger, when he reached out with a paw "the size of a dinner plate," grabbed her by the shoulder and knocked her to her hands and knees.

The next thing Gold knew, Tiaga was biting into the back of her head. "I don't remember feeling any pain,



but I could hear the sound of scraping bone," she says. Gold's first thought was, Am I going to survive this? Then, Yes, I am, because no one else is going to raise my son.

> Jan Gold's first thought was, Am I going to survive this? Then, yes, I am, because no one else is going to raise my son

Wayne screamed at the police officer to fire his gun to scare the tiger. Gold heard two shots. The tiger climbed off her, and she collapsed on the ground. Tiaga ran back into the pen, but then Tundra came out to see what was going on and Tiaga followed. The police officer fired a third shot. This time, both tigers retreated into their cages, and Wayne was able to close the gate.

Gold feared that the third shot had killed one of the tigers. What she didn't realize in her state of shock was that *she* had been shot, and that she was lying in a pool of blood. (The police theorize that the shot had ricocheted off the side of the pen.) Wayne shouted to the police officer to call an ambulance. *(continued)*



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Real-life Survivors

(continued) At the hospital, three surgeons worked to repair Gold's injuries. One of the bullets had struck Gold in the leg, breaking her femur in two places. Her head was bleeding profusely. She had lost so much blood that she needed several transfusions.

After the surgery, Gold called her son, Travis, who had been visiting her parents in California. "My parents had told him what had happened," she says. "He was very concerned, but when he saw me three days later he was reassured."

In the months that followed, Gold had many sleepless nights. The pain from the nerve injuries was excruciating. "If even a sheet touched my leg, it would hurt," she recalls. Now she wears a brace to keep her left foot from dragging. While doctors predict that she will recover full mobility, it could take up to two years.

Today, Gold is back at work part-time. She remains on the zoo's board and harbors no bitterness over what she has endured. "If that police officer hadn't been there," she says, "I would be dead. He saved my life."

Five weeks later, Gold visited Tiaga. "I'm not afraid of him, but my respect for tigers is different now. I realize how wild they are."

Nine Months Pregnant and Trapped in a Tree

When flood waters from a cyclone engulfed southern Mozambique, South Africa, last February, thousands were killed and more than a million were displaced. Amidst the tragedy, one woman emerged as a symbol of survival.

In Sophia Pedro's tiny village of Mondeane, the water from the nearby Limpopo River rose so quickly that there was no time to flee. Pedro's husband, Salvador, who worked as a street vendor in the capital city, Maputo, was hundreds of miles away and couldn't be reached. So Pedro, who was nine months pregnant and whose home had washed away, picked up her toddlers, Benito and Celina, and with her mother-in-law, Rositha, climbed into a mafura tree, whose branches are strong and flexible. They tied the children onto the branches with blankets and extra clothing they had brought with them. As the hours passed, Pedro and her family grew more and more worried. "Surely we were going to die," she has said. For nearly four days and nights, the family had no food or water besides the raindrops they were able to catch.

On the fourth day, Pedro went into labor. By then, the flood waters had risen to within six feet of the tree's branches. Pedro had almost given up hope when she





Sophia Pedra holds her baby, Rasitha, two days after giving birth in a tree and being rescued (right)



heard helicopters overhead. One of the planes lowered a South African soldier into the tree, but the man rescued only Pedro's children. "I didn't speak their language and couldn't tell them I was about to give birth. But I consoled myself with the knowledge that my son and daughter would survive."

Shortly after the children were lifted to safety, Pedro's contractions intensified. Rositha sat below Pedro, supporting Pedro's legs with her own as the young woman gave birth. "The birth was dreadful, but nothing could take away from the joy of seeing a new life enter the world," Pedro has said. The five-pound baby girl was named after her grandmother.

Apparently, the soldiers in the rescue helicopter figured out what was going on. Within an hour, mother and daughter were airlifted to a local hospital. A TV cameraman filmed the scene, which was broadcast around the world. Pedro's mother-in-law was rescued later.

Several weeks later, the president of Mozambique, Joaquim Chissano, promised housing and education for Pedro's family and set up a bank account for donations for Rositha. His announcement was responsible for reuniting Pedro and Salvador, who was still in Maputo. "I'd heard about a brave woman who had saved her children's lives by climbing into a tree . . . but I had no idea it was my Sophia until I heard people say her name," Salvador has said.

Last summer, Pedro and baby Rositha visited the U.S. to raise money for their ravaged homeland. Despite the fact that Pedro and her family lost their entire village, she feels grateful that her baby survived. "[My daughter is] a miracle." ■

Nell Bernstein last wrote "Peacemakers," which appeared in the December issue of LHJ.





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The vitamins that can save your heart When it comes to heart health, one of the most important things you can do is make sure you're getting enough of three key B vitamins: B_6, B_{12} and folic acid.

Consuming the recommended daily allowance (RDA) of these B vitamins may reduce blood levels of an amino acid called homocysteine, which appears to damage arteries and has been linked to an increased risk of heart disease. "Homocysteine may be as dangerous as cholesterol," says Robert Russell, M.D., associate director of the Jean Mayer–USDA Human Nutrition Center on Aging at Tufts University, in Boston.

While researchers aren't using homocysteine levels to screen for heart disease yet, the link is strong enough for them to encourage preventive measures. Although vitamin-B deficiencies aren't common, even small shortages can make a difference. It's a good precaution to get the RDA each day, adds Meir Stampfer, M.D., Dr.P.H., professor of epidemiology and nutrition at the Harvard School of Public Health.

Indeed, there may be other important health benefits associated with these vitamins. Studies indicate a link between high levels of homocysteine and stroke, Alzheimer's disease, recurrent early miscarriage and premature delivery.

Furthermore, a shortage of B vitamins can trigger anemia and depression, while large doses of B_6 may alleviate PMS and help treat carpal tunnel syndrome. Folic acid is crucial for women of childbearing age because it reduces the risk of certain birth defects.

To make sure your diet is rich in these vitamins, get plenty of fruits and vegetables, such as dark leafy greens and orange juice, and grains, particularly fortified cereals. Meat, fish, milk and eggs are excellent sources of B_{12}. Folate, the naturally occurring form of folic acid, can be destroyed when food is boiled, so it's best to steam veggies and avoid overcooking them.

If the foods you prefer are low in folate or the other B vitamins, researchers recommend taking a multivitamin that contains the RDA for each: 1.3 milligrams of B_6, 400 micrograms of folic acid and 2.4 micrograms of B_{12}. If you're looking for relief of PMS symptoms, carpal tunnel syndrome or depression, consult your doctor about proper supplement doses. Since toxicity is associated with high levels of folic acid and B_6, never exceed 1 milligram of folate or 100 milligrams of B_6 per day.

—Anna Roufos



The air up there: Robin Walukonis handles flight traffic by relying on confidence and saying a little prayer

Think *you've* got stress?

Imagine raising quintuplets or being an undercover police officer. Sound stressful? Women in high-pressure jobs like these know how to keep their cool. Try their get-a-grip strategies

By Andrea Cooper

Trying to balance career and family can take its toll: Women's stress hormones and blood pressure, unlike those of men, tend to stay elevated when the workday is over. These stress levels not only make you feel tense, but they also may put your heart at risk. How can you stay healthy and sane? We asked six women in high-stress jobs to share their tricks for managing it all.

Trust Yourself

Robin Walukonis, thirty-nine, an air traffic controller in the Jacksonville, Florida, Air Route Traffic Control Center, handles arrivals and departures for the busy Orlando area. Last fall, she received a distress call from a plane with a cracked windshield. The plane needed to descend immediately or the cabin would lose pressure, threatening everyone onboard. Walukonis had to redirect more than a dozen flights out of the way. Her quick maneuvering ensured a safe landing. "In the heat of the moment, you rely on your training," she says. "You have to be confident in what you do. Later on you can freak out."

Walukonis also relies on faith. "On the way to work, I'll say something like, 'God, I need your wisdom. Make sure I see everything I need to see today,'" she says. "It's reassuring to realize that there's someone else helping to watch out for that big sky."

Take a Time-out

Last spring, Audrey Friedman, a thirty-nine-year-old oncology nurse, waited for a doctor to explain biopsy results to a patient. Friedman finally went into the exam room and asked, "Do you have questions about your cancer diagnosis?" The patient was terrified and exclaimed, "Oh, my God! I have cancer?" Friedman was shocked: The doctor had used such difficult *(continued on page 68)*



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SUMMARY

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CONTRAINDICATIONS: REMICADE should not be administered to patients with known hypersensitivity to any murine ... or other components of the product.

WARNINGS:

RISK OF INFECTIONS
SERIOUS INFECTIONS, INCLUDING SEPSIS AND FATAL INFECTIONS, HAVE BEEN REPORTED IN PATIENTS RECEIVING TNF-BLOCKING AGENTS. MANY OF THE SERIOUS INFECTIONS IN PATIENTS TREATED WITH REMICADE HAVE OCCURRED IN PATIENTS ON CONCOMITANT IMMUNOSUPPRESSIVE THERAPY THAT, IN ADDITION TO THEIR CROHN'S DISEASE OR RHEUMATOID ARTHRITIS, COULD PREDISPOSE THEM TO INFECTIONS. CAUTION SHOULD BE EXERCISED WHEN CONSIDERING THE USE OF REMICADE IN PATIENTS WITH A CHRONIC INFECTION OR A HISTORY OF RECURRENT INFECTION. REMICADE SHOULD NOT BE GIVEN TO PATIENTS WITH A CLINICALLY IMPORTANT, ACTIVE INFECTION. PATIENTS WHO DEVELOP A NEW INFECTION WHILE UNDERGOING TREATMENT WITH REMICADE SHOULD BE MONITORED CLOSELY. IF A PATIENT DEVELOPS A SERIOUS INFECTION OR SEPSIS, REMICADE THERAPY SHOULD BE DISCONTINUED (see *ADVERSE REACTIONS, Infections*).
Hypersensitivity REMICADE has been associated with hypersensitivity reactions that vary in their time of onset. Most ... reactions, which include urticaria, dyspnea, and/or hypotension, have occurred during or within 2 hours of ... infusion. However, in some cases, serum sickness-like reactions have been observed in Crohn's disease patients 3 to 12 days after REMICADE therapy was reinstituted following an extended period without REMICADE treatment. Symptoms associated with these reactions include fever, rash, headache, sore throat, myalgias, polyarthralgias, hand and facial edema and/or dysphagia. These reactions were associated with marked increase in antibodies to infliximab, loss of detectable serum concentrations of REMICADE, and possible loss of drug efficacy. REMICADE should be discontinued for severe reactions. Medications for the treatment of hypersensitivity reactions (e.g., acetaminophen, antihistamines, corticosteroids and/or epinephrine) should be available for immediate use in the event of a reaction (see *ADVERSE REACTIONS, Infusion-related Reactions*).

PRECAUTIONS: **Autoimmunity** Treatment with REMICADE may result in the formation of autoantibodies and, rarely, in the development of a lupus-like syndrome. If a patient develops symptoms suggestive of a lupus-like syndrome following treatment with REMICADE, treatment should be discontinued (see *ADVERSE REACTIONS, Autoantibodies/Lupus-like Syndrome*). **Malignancy** Patients with long duration of Crohn's disease or rheumatoid arthritis and chronic exposure to immunosuppressant therapies are more prone to develop lymphomas (see *ADVERSE REACTIONS, Malignancies-Lymphoproliferative Disease*). The impact of treatment with REMICADE on these phenomena is unknown. **Immunogenicity** Treatment with REMICADE can be associated with the development of antibodies to infliximab (also referred to as human antichimeric antibodies, HACA). One hundred thirty-four of the 199 Crohn's disease patients treated with REMICADE were evaluated for the development of infliximab-specific antibodies; 18 (13%) were antibody-positive (the majority at low titer, <1:20). Patients who were antibody-positive were more likely to experience an infusion reaction (see *ADVERSE REACTIONS, Infusion-related Reactions*). Antibody development was lower among rheumatoid arthritis and Crohn's disease patients receiving immunosuppressant therapies such as 6-MP, AZA or MTX. With repeated dosing of REMICADE, serum concentrations of infliximab were higher in rheumatoid arthritis patients who received concomitant MTX. There are limited data available on the development of antibodies to infliximab in patients receiving long-term treatment with REMICADE. Because immunogenicity analyses are product-specific, comparison of antibody rates to those from other products is not appropriate. **Vaccinations** No data are available on the response to vaccination or on the secondary transmission of infection by live vaccines in patients receiving anti-TNF therapy. It is recommended that live vaccines not be given concurrently. **Drug Interactions** Specific drug interaction studies, including interactions with MTX, have not been conducted. The majority of patients in rheumatoid arthritis or Crohn's disease clinical trials received one or more concomitant medications. In rheumatoid arthritis, concomitant medications besides MTX were nonsteroidal anti-inflammatory agents, folic acid, corticosteroids and/or narcotics. Concomitant Crohn's disease medications were antibiotics, antivirals, corticosteroids, 6-MP/AZA and aminosalicylates. Patients with Crohn's disease who received immunosuppressants tended to experience fewer infusion reactions compared to patients on no immunosuppressants (see *PRECAUTIONS, Immunogenicity* and *ADVERSE REACTIONS, Infusion-related Reactions*). **Carcinogenesis, Mutagenesis and Impairment of Fertility** Long-term studies in animals have not been performed to evaluate the carcinogenic potential. No clastogenic or mutagenic effects of infliximab were observed in the *in vivo* mouse micronucleus test or the *Salmonella-Escherichia coli* (Ames) assay, respectively. Chromosomal aberrations were not observed in an assay performed using human lymphocytes. It is not known whether infliximab can impair fertility in humans. No impairment of fertility was observed in a fertility and general reproduction toxicity study conducted in mice using an analogous antibody that selectively inhibits the functional activity of mouse TNFα. **Pregnancy Category C** Since infliximab does not cross-react with TNFα in species other than humans and chimpanzees, animal reproduction studies have not been conducted with REMICADE. It is not known whether REMICADE can cause fetal harm when administered to a pregnant woman or can affect reproduction capacity. While infliximab is present in the serum, REMICADE should be given to a pregnant woman only if clearly needed. No evidence of maternal toxicity, embryotoxicity or teratogenicity was observed in a developmental toxicity study conducted in mice using an analogous antibody that selectively inhibits the functional activity of mouse TNFα. **Nursing Mothers** It is not known whether infliximab is excreted in human milk or absorbed systemically after ingestion. Because many drugs and immunoglobulins are excreted in human milk, and because of the potential for adverse reactions in nursing infants from REMICADE, a decision should be made whether to discontinue nursing or to discontinue the drug, taking into account the importance of the drug to the mother. **Pediatric Use** Safety and effectiveness of REMICADE in patients with juvenile rheumatoid arthritis and in pediatric patients with Crohn's disease have not been established. **Geriatric Use** In the ATTRACT study, no overall differences were observed in effectiveness or safety in the 72 patients aged 65 or older compared to younger patients. In Crohn's disease studies, there were insufficient numbers of patients aged 65 or older to determine whether they respond differently from patients aged 18 to 65. Because there is a higher incidence of infections in the elderly population in general, caution should be used in treating the elderly (see *ADVERSE REACTIONS, Infections*).

ADVERSE REACTIONS: A total of 771 patients were treated with REMICADE in clinical trials. In both rheumatoid arthritis and Crohn's disease trials, approximately 5% of patients discontinued REMICADE because of adverse experiences. The most common reasons for discontinuation of treatment were dyspnea, urticaria and headache. **Infusion-related Reactions** *Acute infusion reactions* An infusion reaction was defined as any adverse event occurring during the infusion or within 1 to 2 hours after the infusion. Seventeen percent of REMICADE-treated patients in all clinical trials experienced an infusion reaction compared to 7% of placebo-treated patients. Among the 3284 REMICADE infusions, 4% were accompanied by nonspecific symptoms such as fever or chills, 1% were accompanied by pruritus or urticaria, 1% were accompanied by cardiopulmonary reactions (primarily chest pain, hypotension, hypertension or dyspnea), and 0.1% were accompanied by combined symptoms of pruritus/urticaria and cardiopulmonary reactions. Less than 2% of patients discontinued REMICADE because of infusion reactions, and all patients recovered with treatment and/or discontinuation of infusion. REMICADE infusions beyond the initial infusion in rheumatoid arthritis patients were not associated with a higher incidence of reactions. Patients with Crohn's disease who became positive for antibodies to infliximab were more likely to develop infusion reactions than were those who were negative (36% vs. 11% respectively). Use of concomitant immunosuppressant agents appeared to reduce the frequency of antibodies to infliximab and infusion reactions (see *PRECAUTIONS, Immunogenicity* and *Drug Interactions*). *Reactions following readministration* In a clinical trial of forty patients with Crohn's disease re-treated with infliximab following a 2- to 4-year period without infliximab treatment, 10 patients experienced adverse events manifesting 3 to 12 days following infusion, of which 6 were considered serious. Signs and symptoms included myalgia and/or arthralgia with fever and/or rash, with some patients also experiencing pruritus, facial, hand or lip edema, dysphagia, urticaria, sore throat, and headache. Patients experiencing these adverse events had not experienced infusion-related adverse events associated with their initial infliximab therapy. Of the 40 patients enrolled, these adverse events occurred in 9 of 23 (39%) who had received liquid formulation which is no longer in use and 1 of 17 (6%) who received lyophilized formulation. The clinical data are not adequate to determine if occurrence of these reactions is due to differences in formulation. Patients' signs and symptoms improved substantially or resolved with treatment in all cases. There are insufficient data on the incidence of these events after drug-free intervals of less than 2 years. However, these events have been observed infrequently in clinical trials and post-marketing surveillance at intervals of less than 1 year. **Infections** In REMICADE (infliximab) clinical trials, infections were reported by 26% of REMICADE-treated patients (average of 27 weeks of follow-up) and by 16% of placebo-treated patients (average of 20 weeks of follow-up). The infections most frequently reported were upper respiratory tract infections (including sinusitis, pharyngitis, and bronchitis) and urinary tract infections. No ... risk of serious infections or sepsis has been observed with REMICADE compared to placebo. Among REMICADE-treated patients, these serious infections included pneumonia, cellulitis, pyelonephritis and sepsis. In the ATTRACT ... patient died with disseminated tuberculosis and one died with disseminated coccidioidomycosis. The relative ... REMICADE is unknown (see *WARNINGS, Risk of Infections*). Twelve percent of patients with fistulizing Crohn's ... developed a new abscess 8 to 16 weeks after the last infusion of REMICADE. **Autoantibodies/Lupus-like** ... Patients were tested for autoantibodies at multiple time points. In the rheumatoid arthritis ATTRACT study, ... REMICADE-treated patients developed antinuclear antibodies (ANA) between screening and last evaluation, compared ... of placebo-treated patients. Anti-dsDNA antibodies developed in approximately 4% of REMICADE-treated patients, ... to none of the placebo-treated patients. No association was seen between REMICADE dose/schedule and development ... or anti-dsDNA. Of Crohn's disease patients treated with REMICADE who were evaluated for antinuclear antibodies, ... developed ANA between screening and last evaluation. Anti-dsDNA antibodies developed in approximately 9% ... disease patients treated with REMICADE. The development of anti-dsDNA antibodies was not related to either ... duration of REMICADE treatment. However, baseline therapy with an immuno-suppressant in Crohn's disease ... associated with reduced development of anti-dsDNA antibodies (3% compared to 21% in patients not receiving ... Immunosuppressant). Crohn's disease patients were approximately 2 times more likely to develop anti-dsDNA ... they were ANA-positive at study entry. Three patients developed clinical symptoms consistent with a ... syndrome, two with rheumatoid arthritis and one with Crohn's disease. All three patients improved ... discontinuation of therapy and appropriate medical treatment (see *PRECAUTIONS, Autoimmunity*). **Malignancies/Lymphoproliferative Disease** Five new and 2 recurrent malignancies were observed in 6 of 728 ... treated with REMICADE for up to 36 weeks in clinical trials. These were non-Hodgkin's B-cell lymphoma, breast ... melanoma, squamous cell cancer of the skin, and basal cell cancer. There are insufficient data to determine ... REMICADE contributed to the development of these malignancies. The observed rates and incidences were similar ... expected for the populations studied[1,2] (see *PRECAUTIONS, Malignancy*). **Other Adverse Reactions** Adverse ... occurring at a frequency of at least 5% in trials in patients with rheumatoid arthritis or Crohn's disease are shown ... table below. Patients with Crohn's disease who were treated with REMICADE were more likely than patients with ... arthritis to experience adverse events associated with gastrointestinal symptoms.

ADVERSE EVENTS IN RHEUMATOID ARTHRITIS AND CROHN'S DISEASE TRIALS

	RHEUMATOID ARTHRITIS		CROHN'S DISEASE	
	Placebo (n=133)	REMICADE (n= 555)	Placebo (n=56)	REMI (n=1
Avg. weeks of follow-up	22.3	26.9	14.7	27
Respiratory				
Upper respiratory infection	13%	20%	9%	16
Coughing	5%	10%	0%	5
Sinusitis	3%	9%	2%	5
Rhinitis	4%	8%	4%	6
Pharyngitis	5%	8%	5%	9
Bronchitis	2%	4%	2%	7
Gastrointestinal				
Nausea	17%	14%	4%	17
Abdominal Pain	7%	8%	4%	12
Vomiting	10%	5%	0%	9
Other				
Headache	10%	20%	21%	23
Rash	4%	9%	5%	6
Fatigue	5%	6%	5%	11
Fever	4%	6%	7%	10
Back pain	2%	6%	4%	5
Pain	4%	6%	5%	9
Urinary tract infection	3%	6%	4%	3
Pruritus	0%	5%	2%	5
Moniliasis	2%	3%	0%	5

Serious adverse events by body system that occurred in all patients treated with REMICADE at frequencies ... as follows:
Body as a whole: abdominal hernia, chest pain, fall, pain *Blood*: splenic infarction, splenomegaly *Cardiovascular*: ... tension, hypotension, syncope *Central & Peripheral Nervous*: dizziness, headache, upper motor neuron lesion ... lupus erythematosus syndrome, rheumatoid nodules *Ear and Hearing*: ceruminosis *Gastrointestinal*: abdominal ... Crohn's disease, diarrhea, gastric ulcer, intestinal obstruction, intestinal perforation, intestinal stenosis, nausea, ... atitis, proctalgia, vomiting *Heart Rate and Rhythm*: palpitation, tachycardia *Liver and Biliary*: cholecystitis *Metabolic ... Nutritional*: dehydration, pancreatic insufficiency, weight decrease *Musculoskeletal*: arthropathy, back pain, bone ... myalgia, tendon disorder, tendon injury *Myo-, Endo-, Pericardial and Coronary Valve*: cardiac failure, myocardial ... *Neoplasms*: lymphoma *Platelet, Bleeding and Clotting*: thrombocytopenia *Psychiatric*: anxiety, confusion, ... depression, somnolence, suicide attempt *Red Blood Cell*: anemia *Resistance Mechanism*: abscess, cellulitis, ... infection bacterial, sepsis *Respiratory*: adult respiratory distress syndrome, bronchitis, coughing, dyspnea, ... pneumonia, pulmonary infiltration, respiratory insufficiency *Skin and Appendages*: furunculosis, rash, increased ... *Urinary*: azotemia, dysuria, hydronephrosis, kidney infarction, renal failure, ureteral obstruction *Vascular (Extra-*... brain infarction, pulmonary embolism, thrombophlebitis deep *White cell and Reticuloendothelial*: le... lymphadenopathy. A greater proportion of patients enrolled into the ATTRACT trial who received REMICADE ... experienced mild, transient elevations (<2 times the upper limit of normal) in AST or ALT (37% each) compared to ... treated with placebo plus MTX (AST, 24%, ALT 29%). Five (1.5%) patients treated with REMICADE and MTX ex... more prolonged elevations in their ALT.

OVERDOSAGE: Single doses up to 20 mg/kg have been administered without any direct toxic effect. In ... overdosage, it is recommended that the patient be monitored for any signs or symptoms of ... reactions or effects, and appropriate symptomatic treatment instituted immediately.

Storage Store the lyophilized product under refrigeration at 2°C to 8°C (36°F to 46°F). Do not freeze. Do not use ... the expiration date. This product contains no preservative.

HOW SUPPLIED: REMICADE lyophilized concentrate for IV injection is supplied in individually-boxed single-use ... the following strength:
NDC 57894-030-01 100 mg infliximab in a 20-mL vial

REFERENCES:

1. Greenstein AJ, Mullin GE, Strauchen JA, Heimann T, et al. Lymphoma in inflammatory bowel disease ... 1992;69:1119-21.
2. Jones M, Symmons D, Finn J, Wolfe F. Does exposure to immunosuppressive therapy incr... 10 year malignancy and mortality risks in rheumatoid arthritis? A matched cohort study. *Br J Rheum* 199... 45.

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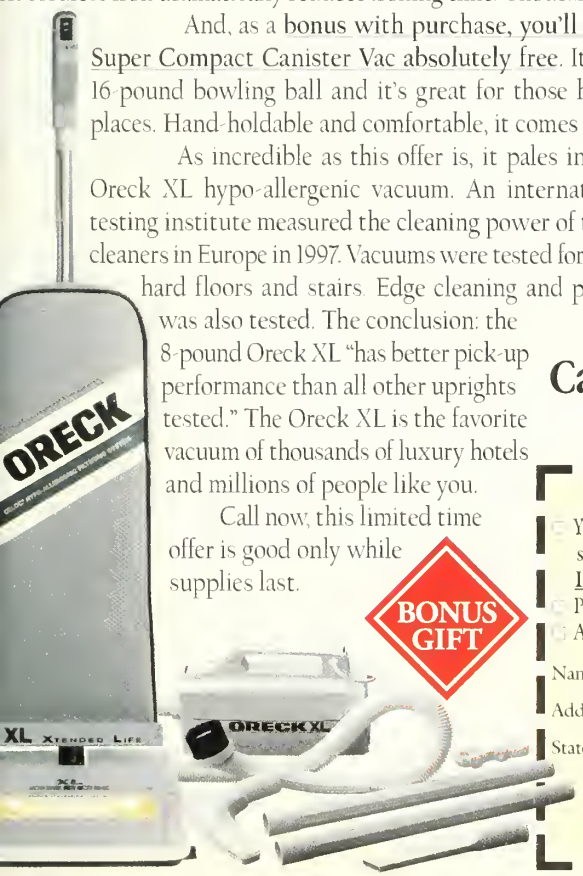
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YOU'VE GOT STRESS?

Continued from page 64

medical terminology that the woman hadn't understood her diagnosis.

Friedman's job is filled with emotional moments like this. At the Rocky Mountain Cancer Center at the Rose Medical Center, in Denver, where she works, Friedman handles the stress by scheduling occasional "mental health days" away from the job. (Her employer allows her to bank vacation and sick days and use them as she sees fit.) She doesn't follow a strict schedule; she might go hiking or spend time in her garden. One of her favorite activities: antiques shopping. "Imagining how these beautiful items were used by another family is comforting to me," she says.

Nurse Audrey Friedman relaxes by going antiques shopping



Even short getaways help Friedman keep a positive attitude. "This job has helped me to realize that life and our bodies are amazing," she says. "They should never be taken for granted."

Visualize Success

As a sergeant in the Naperville, Illinois, police department, Elizabeth Brantn forty-one, has worked as a yout abuse investigator and an undercov narcotics officer. Twice she was i volved in standoffs with gunfire. C the job, she's a single mom to si year-old Alexa.

Although she's no longer a be cop, Brantner uses her experience train female officers to use detailed v sualization techniques to deal wi stress. For example, Brantner asl them to visualize the beginning of a armed conflict, taking cover once th spot a suspect, resolving the situati and returning home safely.

The technique, which Brantner us often, also helps her through oth stressful moments, including hig pressure meetings with her bosse It's important to visualize the eve exactly as you want it to happen, fro start to finish, she says. "If you wor that something bad will happe that can cause stress and crea a self-fulfilling prophecy. But wit

ice, visualization can help re-
your fears with positive im-
' says Brantner.

New Hobby

violinist with the Charlotte Sym-
y Orchestra, in North Carolina,
y Chatham's typical weekend in-
es two rehearsals on Friday, a
ice session, three wedding per-
ances and a concert on Saturday,
a rehearsal and another perfor-
e on Sunday.

natham, forty-one, a mother of
with another baby on the way,
to ride horses to release the ten-
Then she found a hobby that was
er to fit in her schedule: belly
cing. "Every time I saw it, I
ght, It's so beautiful and graceful
erotic," she says. "It has become
empowering."

hatham has now been taking
ons for four years and has kept with it even through her pregnancy. "Symphony musicians have a lack of control over their work," she says. "We are told what and where to play, and even how and when to play it. Belly dancing is very freeing."

Find Family Time

"All Things Considered" is one of National Public Radio's best-known programs and airs on more than five hundred radio stations nationwide. As executive producer, Ellen Weiss, forty-one, must make constant decisions about which stories to cover and how to beat a four P.M. deadline. If the program ever makes an error, Weiss takes the blame. "Even if it wasn't my mistake, if it got on the air, I'm responsible," she says. Weiss always has a back-up plan so that if one story doesn't pan out, she's still prepared. But when several events happen at once, or *(continued)*



Sergeant Elizabeth Brantner visualizes a stress-free day



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continued) if a story is as unpredictable as the presidential election, Weiss uses one strategy to cut through the chaos: "You have to have the confidence to make a decision and stand by it," she says.

Outside of work, Weiss, a mother of two, relaxes by focusing on her family. "Playing and hanging out with my sons is a great destressor," she says. "You can't obsess about work when you're with your kids. It doesn't matter if you're an executive or a brain surgeon. They make you focus on the moment, so you forget what happened that day." That's why she has strict rules about her time off. "I don't work weekends—those days belong to my kids," she says. "And vacations are sacred."

Ask for Help

With five teenagers in the house—quintuplets Ben, Samantha, Meredith, Shannon and Bevin—Roz Helms knows the next several years will be challenging. Even so, Helms, forty-one, an elementary- and a Sunday-school teacher, ran for a local public office last spring, and the family has hosted foreign exchange students for the last eight years.

How does Helms stay sane? She relies on two essentials: organization and support. A huge wall calendar tracks all the children's activities—which, during the school year, include basketball, choir, Girl Scouts, soccer and youth group—and keeps her mentally prepared and helps her prioritize. In the summer, Helms keeps the list to a minimum by signing the kids up on the same swim team. "Summers are my downtime, too," she says. "I can spend time with them and watch practice, and not have to drive to dozens of activities."

Friends and family also help. Her husband, Ron, a restaurant manager, tackles the morning routine so that she can start the day without rushing. Her parents and neighbors help carpool and root for the kids when sports events conflict. The extra support gives Helms an emotional boost. "There's nothing wrong with asking for help," she says. "It's like recruiting your own cheering section." ■

Andrea Cooper has written for Newsweek and Parenting.

Stress-Busting Moves from the Pros

People in highly stressful jobs often receive expert training. Here's what stress coaches recommend:

Manage stress when it strikes. Joe Hoare and Linda Cruse, founders of The Just Living Company, in Los Angeles, have trained five thousand medical professionals to stay cool during life-or-death traumas. To help relieve heat-of-the-moment stress, they suggest taking a slow, deep breath. When you panic, breathing becomes fast and erratic, which adds to feelings of anxiety. Then do something physical, such as walking around the block. "Otherwise, all that adrenaline will be trapped in your system, looking for an outlet," says Cruse.

Think positively. Ninety percent of our thoughts about ourselves are negative, says Alice Domar, Ph.D., director of the Mind/Body Center for Women's Health at Harvard Medical School and author of *Self-Nurture: Learning to Care for Yourself as Effectively as You Care for Everyone Else* (Viking, 2000).* What causes stress is not the situation, but how we react. If your boss cancels a project you've been managing, for example, it's easy to assume that he doesn't like your work. To break the pattern, write down your negative thoughts and ask: Does this belief contribute to my stress? Where did I learn this? Is it a logical thought? Is it true? "Ninety percent of the time, it's not logical and it's not true," says Domar.

Practice, practice. As a squadron commander and instructor pilot at Columbus Air Force Base, in Mississippi, Lieutenant Colonel Tamra Rank teaches pilots how to fly a T1 Jayhawk and handle the stress of a mission. Rank puts her pilots through vigorous simulated-flight training and teaches them to visualize each step of the mission before they get into the cockpit. Once airborne, they feel as if they've already successfully completed the task many times.

Set limits. According to Deborah Bright, Ph.D., a New York City psychologist who has taught stress-coping strategies to Secret Service agents and professional athletes, only 22 percent of women are effective at mentally disengaging from their jobs. To keep work from spilling over into your time away from the office, set limits. For example, designate a time when you will stop looking at e-mail. And don't dwell on how much you have to do—just do it. "Saying, 'I've got so much to do' will only make you feel more stressed," she says.

** To order "Self-Nurture: Learning to Care for Yourself as Effectively as You Care for Everyone Else" by Alice Domar, which sells for $29.95 (includes shipping, handling and applicable sales tax), call 800-[illegible]*

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The Garden Weather Center is an all-in-one weather station that records temperature, precipitation levels and wind speed. The large numbers on the 15" thermometer can easily be read from a distance. The attached rain gauge measures precipitation levels, while the weather vane and wind spinner on top of the center show relative wind speed and direction. The Garden Weather Center stands over five feet tall and is $25.95.

Alarmed and Dangerous



The Portable Weather Alert Radio is a compact, instant-weather radio that features AM/FM stations and weather bands. The radio provides twenty-four hours a day forecasts at the touch of a button and is NOAA (National Oceanic and Atmospheric Administration) compliant, so that a siren alarm automatically interrupts with emergency information. Essential for climates with severe weather changes, this lifesaving device can be especially helpful in unfamiliar terrain. Its small size (3"x5") makes it easily portable. By special arrangement with Feldstein & Associates, Inc., the Portable Weather Alert Radio sells for $34.95.



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Young children and those with a taste for nostalgia will love the Black Forest Cottage. Inside is a hygrometer that measures the humidity of the atmosphere. When Frau Fair Weather pops out to gather flowers, look forward to sunny skies; expect rain when Herr Stormy emerges with his slicker and umbrella. Made in Germany, the Black Forest Cottage is 5½"x5¼"x3½" and sells for $29.95.



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25 Heart-Smart Moves to Make Right Now

To get heart healthy, you don't need a lifestyle overhaul. Even making little changes can bring big benefits



Grab a friend and go for a run—you'll do your heart a double favor

THE BEST PREVENTION: EXERCISE

Being physically fit helps protect the heart, perhaps even more than eating a nutritious diet. A study at Stanford University found that volunteers who exercised three times a week cut their cholesterol, while those on a low-fat diet saw no change. Here are easy ways to get moving:

1. Kick it up a notch. According to a recent study, a vigorous workout has double the heart benefits of mild exercise. Men who jogged, played tennis or swam cut their risk of a heart attack by as much as 20 percent.

2. Fit it in. Too busy to exercise? Studies show that several short sessions of exercise (about fifteen minutes each) can cut heart-attack risk as much as a longer workout.

3. Pump some iron. Regular strength training increases muscle strength and endurance, improves heart function and reduces the risk of coronary disease. Plus, it can boost metabolism.

4. Turn up the heat in the bedroom. Having sex not only helps you feel more connected to your spouse, but it's also a mini-workout equivalent to running three minutes on a treadmill. Consider it an exercise bonus.

5. Take some flextime. Try yoga and breathing and relaxation techniques. Recent research suggests that these types of exercises may help reverse symptoms of heart disease.

LITTLE LIFE CHANGES

The daily grind can take a toll on your heart. If you're constantly stressed, blood pressure climbs and the risk of heart attack increases. Ease up with simple changes:

1. Indulge yourself. Getting a massage is not only relaxing, but it also reduces heart rate, lowers blood pressure and improves circulation. Even better, research suggests that it may help relieve PMS.

2. Get over your grudge. If you're steamed about an argument with your spouse, make sure the rift gets resolved. In a study of newlyweds, researchers found that wives who used negative words to describe their marriage had more of an increase in stress hormones than their husbands did. Over time, high stress levels can increase the risk of cardiovascular disease.

3. Adopt a furry friend. Researchers asked one hundred married couples to discuss a recent argument and found that the blood-pressure readings of pet owners were lower, rose less and returned to normal faster than readings of those without pets.

4. Soothe your temper. A recent study found that people who get angry easily have a nearly threefold higher risk of a heart attack or dying from heart disease than calmer folk.

5. Make new friends and keep the old. Research suggests that people who have little contact with friends and family have a two to three times greater risk of heart disease than those with a good support network.

6. Kick the habit. Smoking is the leading cause of lung cancer and a major risk factor for coronary heart disease. According to the American Heart Association, 50 percent of heart attacks in middle-aged women are linked to smoking. *(continued)*

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Sharesa, admiring her bath's fresh new look.

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(continued) **7. Manage stress.** It's critical for women to find a way to relax—whether through yoga, listening to music, meditating or laughing with friends. The stress hormone cortisol can cause estrogen levels to drop, putting some women on a high-risk course for heart disease even before menopause.

NUTRITION KNOW-HOW

Maintaining a healthy weight will put the brakes on three of the biggest heart hazards: high cholesterol, diabetes and hypertension. These eat-smart habits also can help:

1. Cut back on coffee. Drinking two to three cups a day can elevate blood pressure and increase the body's production of cortisol.

2. Eat often. Instead of skipping meals, or taking the three-square route, try grazing. New research in *The New England Journal of Medicine* found that eating several small, low-fat meals throughout the day, can lower cholesterol.

3. Get plenty of C. Vitamin C is a powerful antioxidant that mops up damaging particles known as free radicals, which have been linked to the development of heart disease. Boost your intake with apples, bell peppers and oranges.

4. Eat a balanced diet. The Dietary Approaches to Stop Hypertension (DASH) diet, a low-fat diet rich in fruits and vegetables, helps lower high blood pressure. New studies also show that it significantly lowers levels of homocysteine, an amino acid linked to an increased risk of heart disease and stroke.

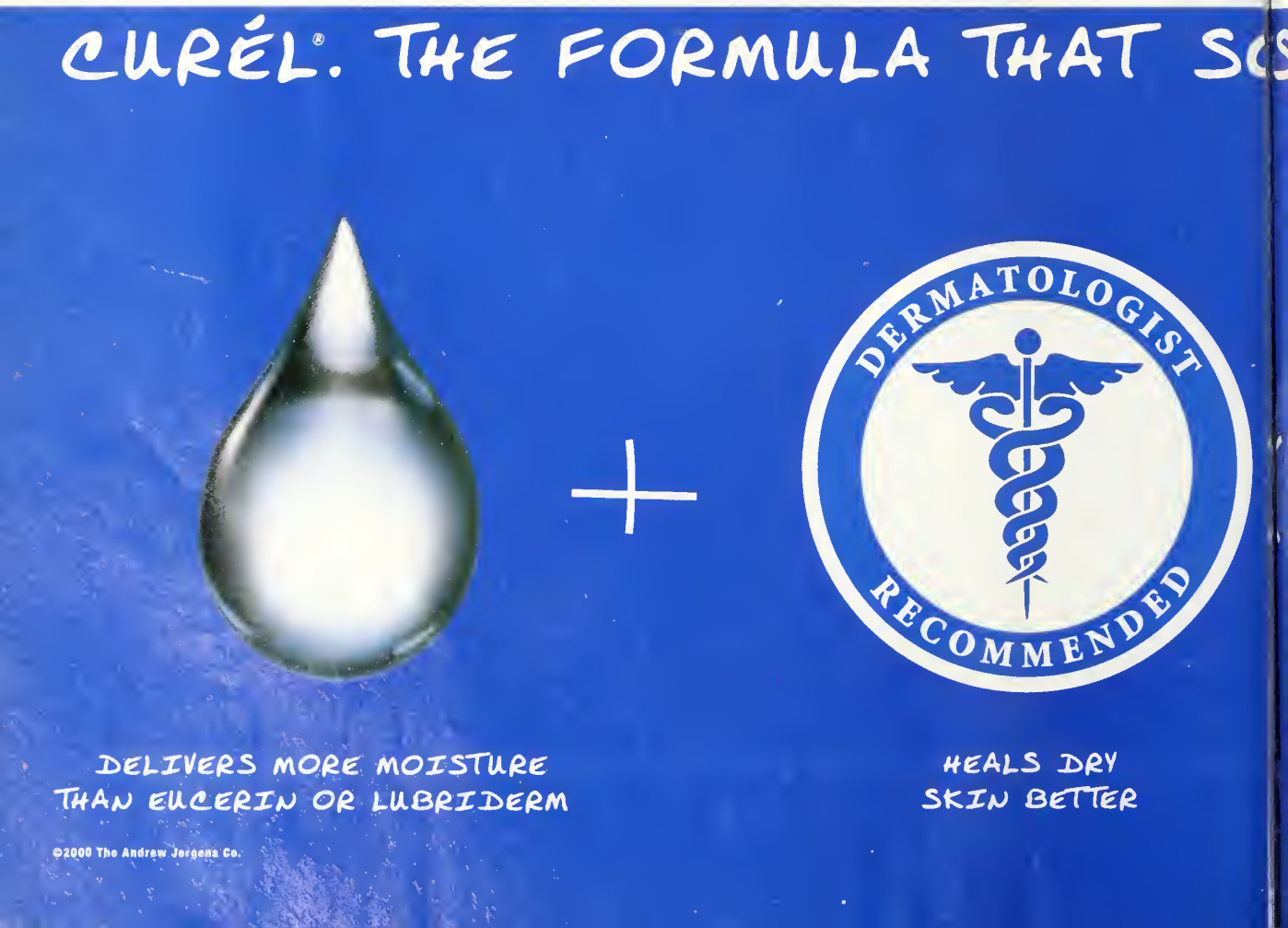
POWER FOODS

Stocking up on four to ten servings of fruits and vegetables a day may decrease your risk of heart disease by as much as 30 percent. Here are fabulous foods to pile on your plate:

1. Tomatoes. These are chock-full of lycopene, an antioxidant that protects against heart disease and cancer. Your body can absorb more lycopene from cooked or processed tomatoes (like those in tomato sauce or ketchup), while fresh tomatoes are a good source of vitamin C.

2. Complex carbs. Researchers have found that women who eat lots of potatoes, white bread and white rice are two and half times more likely to develop diabetes than women who eat these foods sparingly; they also double their risk of heart attack. Choose heart-healthy complex carbohydrates such as whole-grain breads, brown rice and beans.

3. Nuts. It's true that nuts are high in fat, but it's the unsaturated kind that can help lower cholesterol. For a midafternoon snack, grab a handful of almonds: They're rich in vitamin E, which may help reduce the inflammation associated with heart disease,



as well as calcium and folate.

4. Fish. Salmon, mackerel and trout may help prevent the deadliest cases of heart disease. Why? They are loaded with omega-3s, powerful fatty acids that inhibit the formation of blood clots, lower triglycerides and may slow the accumulation of artery-clogging plaque.

5. Green tea. It contains polyphenols, powerful phytochemicals that reduce the risk of heart disease by fighting damaging free radicals.

THINGS TO ASK YOUR DOCTOR ABOUT

Studies show that people who are informed about health care get the best treatment. So don't be shy—talk about these issues:

Heart-attack symptoms. If upper abdominal pain, nausea and fatigue strike, don't wait to get help. Along with chest pain, these are common symptoms of heart attack in women.



Need an excuse to indulge? Massage helps lower blood pressure

Studies show that women are less likely to receive early treatment during a heart attack, possibly because their symptoms aren't the same as the typical symptoms in men.

Aspirin. A recent study found that women were less likely to receive aspirin, an effective treatment to help prevent a second heart attack, after discharge from the hospital.

A complete cholesterol checkup. High levels of triglycerides may be as artery clogging as high cholesterol. The Framingham Heart Study found that high triglyceride levels are related to higher risk of heart attack in women, not men, although experts aren't sure why.

Clinical trials. Although more women are signing up for single-sex studies than ever before, only 38 percent of participants in studies including both sexes are women. By analyzing sex differences, researchers may find new answers to help both men and women. ■

Written by Melinda Leader and Christina Sciammacco.



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Under Pressure

More than 75 percent of women will get high blood pressure in their lifetime. Here's how to beat the odds and keep your heart healthy

By Ronny Frishman



Can you recognize the face of high blood pressure? Only regular screenings can reveal an underlying problem

What's the number-one killer of women? If you guessed breast cancer, think again. Heart disease is the most deadly—striking one in three women (compared with one in nine for breast cancer). For many, the underlying cause is hypertension, or high blood pressure, a condition that can wreak havoc on the cardiovascular system, increasing the chances of heart attack, stroke, vision loss and kidney disease. And it is particularly threatening to women: Of the 42,500 Americans who die each year from hypertension alone, nearly 60 percent are women.

Lisa Molyneaux, thirty-two, a youth-program director in Rochester, New York, had no idea anything was wrong until a routine eye exam two years ago revealed a swollen optic nerve, a complication associated with high blood pressure that can lead to blindness. A test found that Molyneaux's blood pressure was perilously high—220/180 mm Hg—and she was hospitalized immediately. "It was awful—I was admitted to intensive care and put on intravenous medication," she says. "I felt fine, but I could have had a heart attack at any moment." Luckily, fast treatment saved her vision and prevented any other serious damage; she now takes medication to manage her blood pressure.

"Women believe that they don't have to worry about heart attack and stroke until after menopause," says Rose Marie Robertson, M.D., president of the American Heart Association and director of the Women's Heart Institute at Vanderbilt University, in Nashville. "But we're beginning to see people with high cholesterol and fatty deposits in their arteries at very young ages." A Cleveland Clinic study found significant atherosclerosis, the dangerous buildup in the arteries that often signals high blood pressure, in 16 percent of teenage heart donors. "People have to start thinking about hypertension earlier," says Robertson. "It can be prevented or perhaps corrected with lifestyle changes."

Brokenhearted

It's normal for blood pressure to fluctuate throughout the day—rising during a workout or critical job interview and falling when you are relaxed or asleep. *(continued)*

What Your Blood Pressure Means

Two numbers are important in blood-pressure readings: The systolic (the first number), measures blood pressure when the heart contracts; the diastolic (the second number), indicates pressure between beats, when the heart is resting. Normal blood pressure for premenopausal women is below 120/80 mm Hg (millimeters of mercury). One high reading doesn't indicate hypertension—it is diagnosed only when systolic pressure consistently measures 140 mm Hg or higher, or diastolic is 90 or higher. However, research has shown that even high-normal readings (130 to 139 systolic and 85 to 90 diastolic) can signal trouble, especially for people with obesity or diabetes.



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**Judd, et al., F.A.S.E.B. 2000. Individual results may vary.

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UNDER PRESSURE

Continued

Readings are also affected by eating certain foods. But consistently high blood pressure can trigger a cascade of internal problems: The arteries lose their elasticity and become more resistant to blood flow. Artery-clogging plaque builds up and can burst, which can trigger heart attack or stroke. The heart is also forced to work harder, which could lead to heart failure. The kidneys, too, may fail.

Another unpleasant side effect: sexual dysfunction. A recent study found that women with hypertension reported more arousal problems, fewer orgasms and more pain during intercourse than those with normal blood pressure. And blood-pressure medications aren't to blame, as doctors first assumed.

How do you know whether you're at risk? If you're overweight or sedentary, or you smoke or feel constantly frazzled by the demands of work and home, this disease could be creeping up on you. But other factors may also put you at risk. Marsha Harris, a thirty-year-old African-American from Fredericksburg, Virginia, was a physically fit Naval petty officer when she was diagnosed with hypertension three years ago. "I was doing everything I was supposed to for my health," says Harris, whose sister and father have high blood pressure. "So I was shocked when I was diagnosed." In her case, working out and eating right weren't enough to protect against one of the biggest risk factors: a family history of high blood pressure. African-Americans also develop high blood pressure at almost twice the rate of whites. Conditions such as diabetes and high cholesterol can increase susceptibility, and in some cases, a separate disorder, such as kidney or thyroid disease, may cause hypertension. Taking birth control pills, though generally safe, may raise blood pressure in some women. (The risk multiplies for women who take the Pill and also smoke.)

Unfortunately there aren't surefire warning signs, and as a sult, the condition often goes un nosed or untreated. That's why crucial to have your blood pres checked whenever you visit the tor, or at least every two years. (have it checked if you snore or trouble sleeping—research sug that sleep apnea may be a war sign of the disease.)

If it is determined that you hav pertension, your doctor will do a b test to measure cholesterol, sodium potassium levels and look for sig organ damage. Then it's critical t low your doctor's advice. Naomi W a Dallas nurse and self-confe workaholic, was diagnosed with hy tension at age twenty-six, but ign her doctor's warnings to reduce s and improve her diet. "I thought hy tension was something that hits o people. I didn't take it seriously," West, a divorced mother of th Eleven years later, her blood pres spiked and she collapsed. Her workers, fearing a heart attack, ru her to the emergency room. It w false alarm, but the incident motiv West, now forty-one, to lose weight ercise and change her diet. With help of medication, she's brought blood pressure down from 200/102 Hg to 120/80 mm Hg.

The Good News

Making lifestyle changes is the strategy to prevent and lower h blood pressure. If you have border hypertension or other risk fact adopting these healthy habits may duce the need to take medication:

Lose weight. Studies have shown dropping just seven to ten pounds normalize blood pressure in pe with mild hypertension.

Get physical. Combined with wei loss, exercise can keep some pe with moderately high blood press from having to take medication, cording to a recent study at Duke U versity, in Durham, North Caroli Aim for thirty minutes of mode aerobic exercise, such as walking, b ing or swimming, at least three to f times a week. *(continu*

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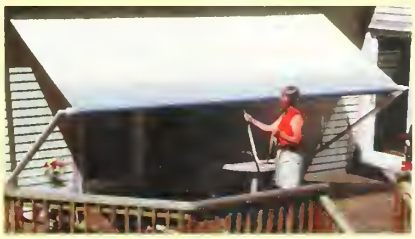
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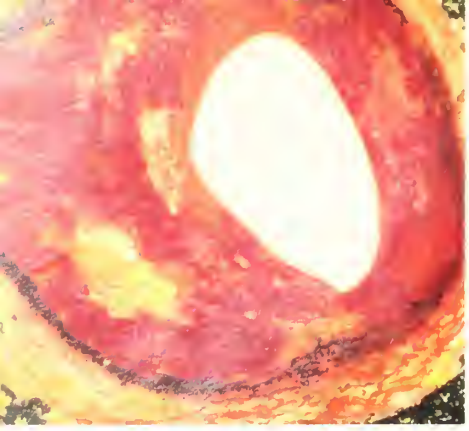
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High blood pressure contributes to artery-clogging ploque

(continued) **Eat right.** A 1997 National Heart, Lung and Blood Institute (NHLBI) study called Dietary Approaches to Stop Hypertension (DASH) found that a diet rich in fresh fruits and vegetables and low-fat dairy products lowers blood pressure. The plan is low in saturated fat and cholesterol, limits salt (see "The Scoop on Salt," at right) and recommends small amounts of animal protein. Vitamins E and C—plentiful in the DASH diet—also may help lower blood pressure.

Quit smoking. Nicotine constricts blood vessels and pushes the heart into overdrive; smoking just two cigarettes raises both systolic and diastolic pressure about 10 mm Hg. Combined, smoking and hypertension considerably increase your chance of dying from a heart attack or stroke. Smoking also limits the effectiveness of certain medications.

Limit alcohol. One drink a day won't increase blood pressure and may be good for the heart, but heavy alcohol consumption raises blood pressure and, like smoking, can make some medications less effective.

Reduce stress. Hormones released when you're stressed raise blood pressure. Women, who tend to carry stress longer than men, seem especially vulnerable. Getting enough sleep and exercising are important; also try yoga, meditation and other relaxation techniques.

503,000 women die of cardiovascular disease every year, compared with 258,000 from all types of cancer

Adding Medication

Even with these healthy habits, some people still need prescription drugs to get their blood pressure levels into a safe zone. Your doctor may prescribe one of these drugs:

Diuretics and beta blockers. The oldest and most commonly prescribed, these have the best track record in preventing heart attacks. Diuretics, which reduce blood volume and lessen pressure on the artery walls, are especially effective in African-Americans, but high doses can raise cholesterol and blood-sugar levels. Beta blockers help calm a rapid heart beat. Side effects can include fatigue and a sapped sex drive.

Angiotensin-converting enzyme (ACE) inhibitors are newer and help prevent the blood vessels from narrowing. Particularly in women, these drugs may cause a dry cough, but the newer Angiotensin II receptor blockers have similar results without that side effect.

Calcium channel blockers (CCBs) prevent calcium from entering blood vessels, thus relaxing muscles and lowering blood pressure. These popular drugs have few side effects, although a recent study found that they may not be as effective in preventing heart attacks and heart failure as other standard treatments.

Though some people with hypertension may eventually be able to cut back on medication, for many, maintaining low blood pressure is a lifelong endeavor. "We all need to learn how to change our eating habits and exercise regimen to combat this problem," says Marsha Harris. "It's not easy, but you'll be thankful for the payoff—more years to spend with your family." ■

THE SCOOP ON SALT

Kicking the habit of adding salt to your food is a good idea—even if you don't have hypertension. Sodium helps regulate fluids and transmit messages from nerves to muscles. **The body needs about 500 mg** of sodium a day to maintain this balance, but **most Americans consume six to eight times that amount**. It's easy to see why—a handful of low-fat pretzels has more than 500 mg and a cup of canned minestrone soup has a whopping 960 mg. Too much sodium can overload the kidneys and eventually cause high blood pressure. That's why experts suggest limiting sodium to 2,400 mg, or about one teaspoon of salt, a day.

But that recommendation may soon drop even lower. New research by the National Heart, Lung and Blood Institute compared two diets—the "typical" American diet, with nearly 40 percent of calories from fat, and the Dietary Approaches to Stop Hypertension (DASH) diet, a low-fat diet rich in fruits and vegetables. They also compared three different sodium levels (3,300 mg, 2,400 mg and 1,500 mg) on each plan. **Cutting back on sodium lowered blood pressure** for people on both diets, but the most dramatic drop occurred among those who followed DASH at the 1,500 mg sodium level. "It's clear that following a diet with less sodium can be very effective in controlling blood pressure," says Rose Marie Robertson, M.D., president of the American Heart Association.

The best way to curb sodium? **Read food labels carefully and cut back on processed foods**, which are often packed with sodium. When you cook, pass up the salt shaker and season with herbs and spices instead.

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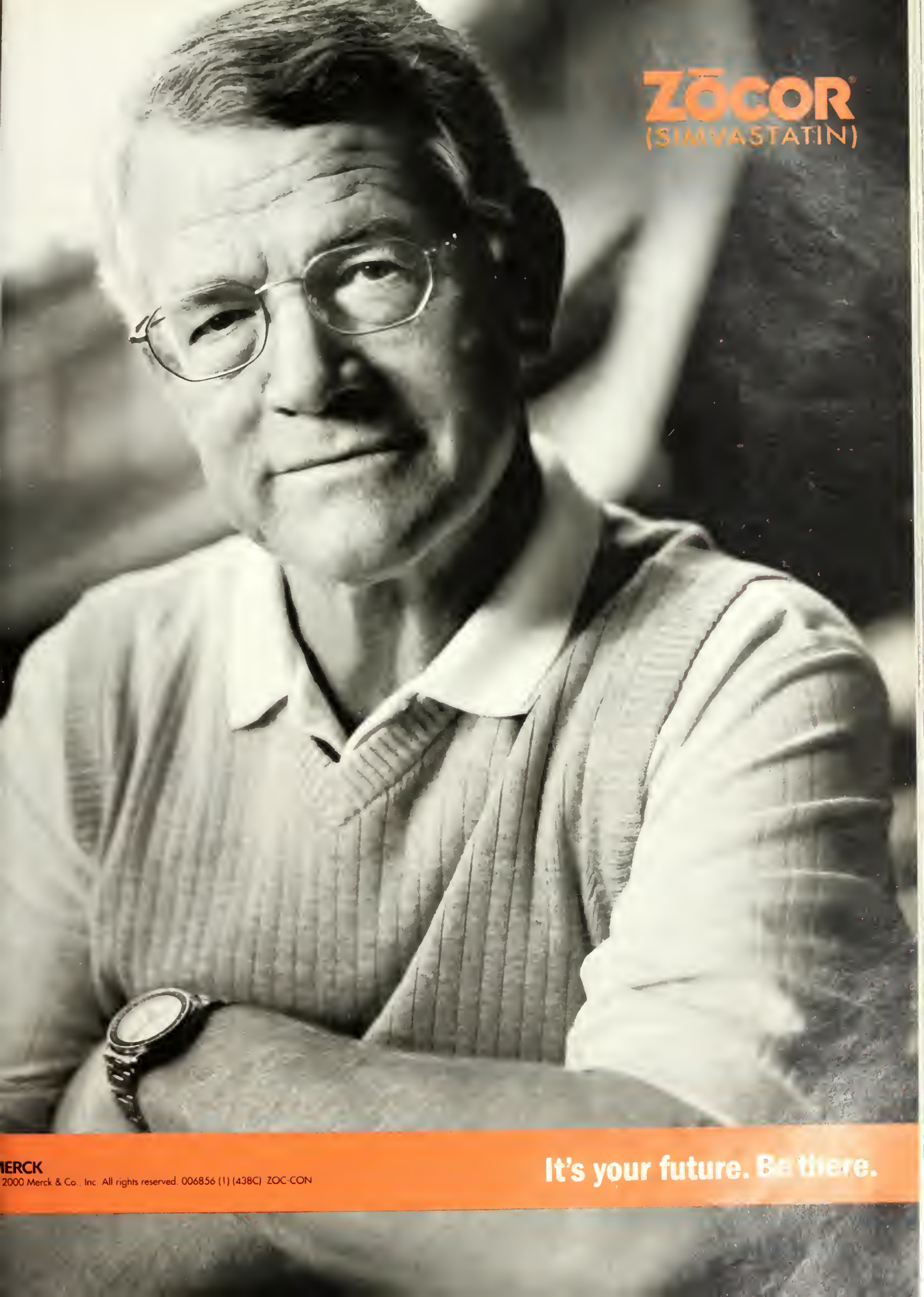
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–Head Coach Dan Reeves

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Women who are breast-feeding should not take ZOCOR.

WARNINGS

Muscle: Tell your doctor right away if you experience any unexplained muscle pain, tenderness, or weakness at any time during treatment with ZOCOR so your doctor can decide if ZOCOR should be stopped. Some patients may have muscle pain or weakness while taking ZOCOR. Rarely, this can include muscle breakdown resulting in kidney damage. The risk of muscle breakdown is greater in patients taking certain other drugs along with ZOCOR, such as the lipid-lowering drug Lopid (gemfibrozil), and other fibrates; lipid-lowering doses of niacin (nicotinic acid); Sandimmune (cyclosporine); itraconazole, ketoconazole, and other azole antilungal drugs; the antibiotics erythromycin and clarithromycin; HIV protease inhibitors; and the antidepressant nefazodone. Interruption of therapy with ZOCOR should be considered if you are going to take an azole antifungal medication, such as itraconazole, or macrolide antibiotics, such as erythromycin. Avoid drinking large quantities of grapefruit juice (more than one quart daily) while on ZOCOR. The risk of muscle breakdown is greater in patients with kidney problems or diabetes.

Because there are risks in combining therapy with ZOCOR with the products listed above, your doctor should carefully weigh the potential benefits and risks. He or she should also carefully monitor patients for any muscle pain, tenderness, or weakness, particularly during the initial months of therapy and if the dose of either drug is increased. Your doctor also may monitor the level of certain muscle enzymes in your body, but there is no assurance that such monitoring will prevent the occurrence of severe muscle disease.

If you have conditions that can increase your risk of muscle breakdown, which in turn can cause kidney damage, your doctor should temporarily withhold or stop ZOCOR. Also, since there are no known adverse consequences of briefly stopping therapy with ZOCOR, treatment should be stopped a few days before elective major surgery and when any major acute medical or surgical condition occurs. Discuss this with your doctor, who can explain these conditions to you.

Liver: About 1% of patients who took ZOCOR in clinical trials developed elevated levels of some liver enzymes. Patients who had these increases usually had no symptoms. Elevated liver enzymes usually returned to normal levels when therapy with ZOCOR was stopped.

In the ZOCOR Survival Study, the number of patients with more than one liver enzyme level elevation to greater than 3 times the normal upper limit was no different between the ZOCOR and placebo groups. Only 5 patients on ZOCOR and 5 on placebo discontinued therapy due to elevated liver enzyme levels. Patients were started on 20 mg of ZOCOR, and one third had their dose raised to 40 mg.

Your doctor should perform routine blood tests to check these enzymes before you start treatment with ZOCOR and periodically thereafter (for example, semiannually) for your first year of treatment or until 1 year after your last elevation in dose. Patients titrated to the 80-mg dose should receive an additional test at 3 months. If your enzyme levels increase, your doctor should order more frequent tests. If your liver enzyme levels remain unusually high, your doctor should discontinue your medication.

Tell your doctor about any liver disease you may have had in the past and about how much alcohol you consume. ZOCOR should be used with caution in patients who consume large amounts of alcohol.

PRECAUTIONS

Before starting treatment with ZOCOR, try to lower your cholesterol by other methods such as diet, exercise, and weight loss. Ask your doctor about how best to do this. Any other medical problems that can cause high cholesterol should also be treated.

Drug Interactions: Because of possible serious drug interactions, it is important to tell your doctor what other drugs you are taking, including those obtained without a prescription.

ZOCOR (simvastatin) can interact with cyclosporine (Sandimmune), itraconazole, ketoconazole, Lopid, niacin, erythromycin, clarithromycin, HIV protease inhibitors, and nefazodone.

To avoid possible serious side effects, avoid drinking large quantities of grapefruit juice (more than one quart daily) while on ZOCOR. (See WARNINGS, Muscle.)

Some patients taking lipid-lowering agents similar to ZOCOR and coumarin anticoagulants (a type of blood thinner) have experienced bleeding and/or increased blood clotting time. Patients taking these medicines should have their blood tested before starting therapy with ZOCOR and should continue to be monitored.

Central Nervous System Toxicity; Cancer, Mutations, Impairment of Fertility: Like most prescription drugs, ZOCOR was required to be tested on animals before it was marketed for human use. Often these tests were designed to achieve higher drug concentrations than humans achieve at recommended dosing. In some tests, the animals had damage to the nerves in the central nervous system. In studies of mice with high doses of ZOCOR, the likelihood of certain types of cancerous tumors increased. No evidence of mutations of or damage to genetic material has been seen. In one study with ZOCOR, there was decreased fertility in male rats.

Pregnancy: Pregnant women should not take ZOCOR because it may harm the fetus.

Safety in pregnancy has not been established. In studies with lipid-lowering agents similar to ZOCOR, there have been rare reports of birth defects of the skeleton and digestive system. Therefore, women of childbearing age should not take ZOCOR unless it is highly unlikely they will become pregnant. If a woman does become pregnant while taking ZOCOR, she should stop taking the drug and talk to her doctor at once. The active ingredient of ZOCOR did not cause birth defects in rats at 3 times the human dose or in rabbits at 3 times the human dose.

Nursing Mothers: Drugs taken by nursing mothers may be present in their breast milk. Because of the potential for serious adverse reactions in nursing infants, a woman taking ZOCOR should not breast-feed. (See WHEN ZOCOR SHOULD NOT BE USED.)

Pediatric Use: ZOCOR is not recommended for children or patients under 20 years of age.

SIDE EFFECTS

Most patients tolerate treatment with ZOCOR well; however, like all prescription drugs, ZOCOR can cause side effects, and some of them can be serious. Side effects that do occur are usually mild and short-lived. Only your doctor can weigh the risks versus the benefits of any prescription drug. In clinical studies with ZOCOR, less than 1.5% of patients dropped out of the studies because of side effects. In a large, long-term study, patients taking ZOCOR experienced similar side effects to those patients taking placebo (sugar pills). Some of the side effects that have been reported with ZOCOR or related drugs are listed below. This list is not complete. Be sure to ask your doctor about side effects before taking ZOCOR and to discuss any side effects that occur.

Digestive System: Constipation, diarrhea, upset stomach, gas, heartburn, stomach pain/cramps, anorexia, loss of appetite, nausea, inflammation of the pancreas, hepatitis, jaundice, fatty changes in the liver, and, rarely, severe liver damage and failure, cirrhosis, and liver cancer.

Muscle, Skeletal: Muscle cramps, aches, pain, and weakness; joint pain; muscle breakdown.

Nervous System: Dizziness, headache, insomnia, tingling, memory loss, damage to nerves causing weakness and/or loss of sensation and/or abnormal sensations, anxiety, depression, tremor, loss of balance, psychic disturbances.

Skin: Rash, itching, hair loss, dryness, nodules, discoloration.

Eye/Senses: Blurred vision, altered taste sensation, progression of cataracts, eye muscle weakness.

Hypersensitivity (Allergic) Reactions: On rare occasions, a wide variety of symptoms have been reported to occur either alone or together in groups (referred to as a syndrome) that appeared to be based on allergic-type reactions, which may rarely be fatal. These have included one or more of the following: a severe generalized reaction that may include shortness of breath, wheezing, digestive symptoms, and low blood pressure and even shock; an allergic reaction with swelling of the face, lips, tongue and/or throat with difficulty swallowing or breathing; symptoms mimicking lupus (a disorder in which a person's immune system may attack parts of his or her own body); severe muscle and blood vessel inflammation; bruises; various disorders of blood cells (that could result in anemia, infection, or blood clotting problems) or abnormal blood tests; inflamed or painful joints; hives; fatigue and weakness; sensitivity to sunlight; fever, chills, flushing; difficulty breathing; and severe skin disorders that vary from rash to a serious burn-like shedding of skin all over the body, including mucous membranes such as the lining of the mouth.

Other: Loss of sexual desire, breast enlargement, impotence.

Laboratory Tests: Liver function test abnormalities including elevated alkaline phosphatase and bilirubin, thyroid function abnormalities.

NOTE: This summary provides important information about ZOCOR. If you would like more information, ask your doctor or pharmacist to let you read the complete prescribing information and then discuss it with them.

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AFTER



BEFORE

Laurie Plank,
Age 31,
Everett, WA

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—**Alex Cummins,** Age 26, San Francisco, CA

"I don't have to hide my blemishes, they're hidden for me. The Proactiv just kills them."
—**Cory Sklar,** Age 22, Tampa, FL

"My face was very red, very bumpy, when I started using Proactiv Solution. In four days the redness was gone, and there's no pain."
—**Maggie Snyder,** Age 36, Renton, WA



Dr. Kathy Fields and **Dr. Katie Rodan,** **Stanford-trained Dermatologists,** spent over five years perfecting their Proactiv Solution, while seeing and prescribing treatments for more than 1000 patients a month! Now, you can benefit from their expertise—without any costly office visits or prescriptions!

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Proactiv Solution is the only system to fight your blemishes **proactively,** before they surface, while nourishing your skin with soothing, healing formulations that are lightweight, smell fresh, and feel luxurious. So your skin starts to look smoother, clearer, fresher in just days! Results vary.

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- Leaves Your Skin Smoother, Softer, Healthier-looking!
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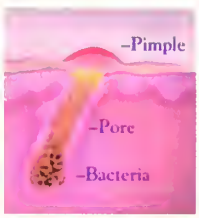


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3. Repairing Lotion. Medicated formulation penetrates deeply into pores to destroy bacteria at their source, before they can cause blackheads, whiteheads or pimples! Yet it's so gentle, your skin clears up without dryness, redness, irritation or the chemical smell of those ordinary over-the-counter products. All you see and feel are the beautiful results!



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Breast-Cancer Treatment

A breast-cancer diagnosis is scary enough. But a new study has found that more than one in five women treated for early-stage breast cancer between 1989 and 1995 may have received inappropriate treatment, putting them at increased risk of recurrence.

Women who had mastectomies during that period were generally properly cared for. But researchers at the Medical College of Wisconsin, in Milwaukee, found that for 19 percent of women who had a breast-conserving lumpectomy, doctors failed to examine lymph nodes, didn't give radiation therapy or neglected to perform both procedures following surgery. Other studies have found that women who don't receive radiation have a 35 percent chance of breast-cancer recurrence within five years, says lead researcher Ann Butler Nattinger, M.D.

If you suspect that you may have received incomplete care for a lumpectomy during those years, review your treatment with your current physician, suggests Nattinger. Or if your doctor can't answer your concerns, get a second opinion.

If you are diagnosed with breast cancer in the future, take the time to find the right doctors. "Women have several weeks after diagnosis to weigh their options," says Nattinger. Consult a surgeon, as well as a radiation oncologist or medical oncologist. If possible, seek out a breast-cancer specialist or go to a breast-cancer center.

Calcium: Getting the Lead Out

It's time for calcium manufacturers to clean up their act. A recent study found that many over-the-counter calcium supplements contain a potentially harmful amount of lead.

Of twenty-one supplements tested, four natural products had a measurable lead content, as did four refined products. Refined supplements were once thought to be the safest. Two products labeled "essentially lead-free" held true to their claims.

Although lead levels were within legal limits, researcher Edward A. Ross, M.D., director of the end-stage renal-disease program at the University of Florida, Gainesville, believes they should be even lower. "There is no safe level of lead," he says.

What can you do? Continue to take your supplements, since the benefits still outweigh the possible risk of lead exposure, but choose "essentially lead-free" products. And keep your eye out for bottles labeled lead-free, which researchers believe will be developed soon.



body briefs

The Truth About Pinocchio
If you want to catch a fibbing friend, follow her nose. Scientists at the Smell & Taste Treatment and Research Foundation, in Chicago, found that when you lie, chemicals called catecholamines are released, causing tissue inside the nose to swell. So, your nose really does get bigger—even if it is just a fraction of a millimeter.

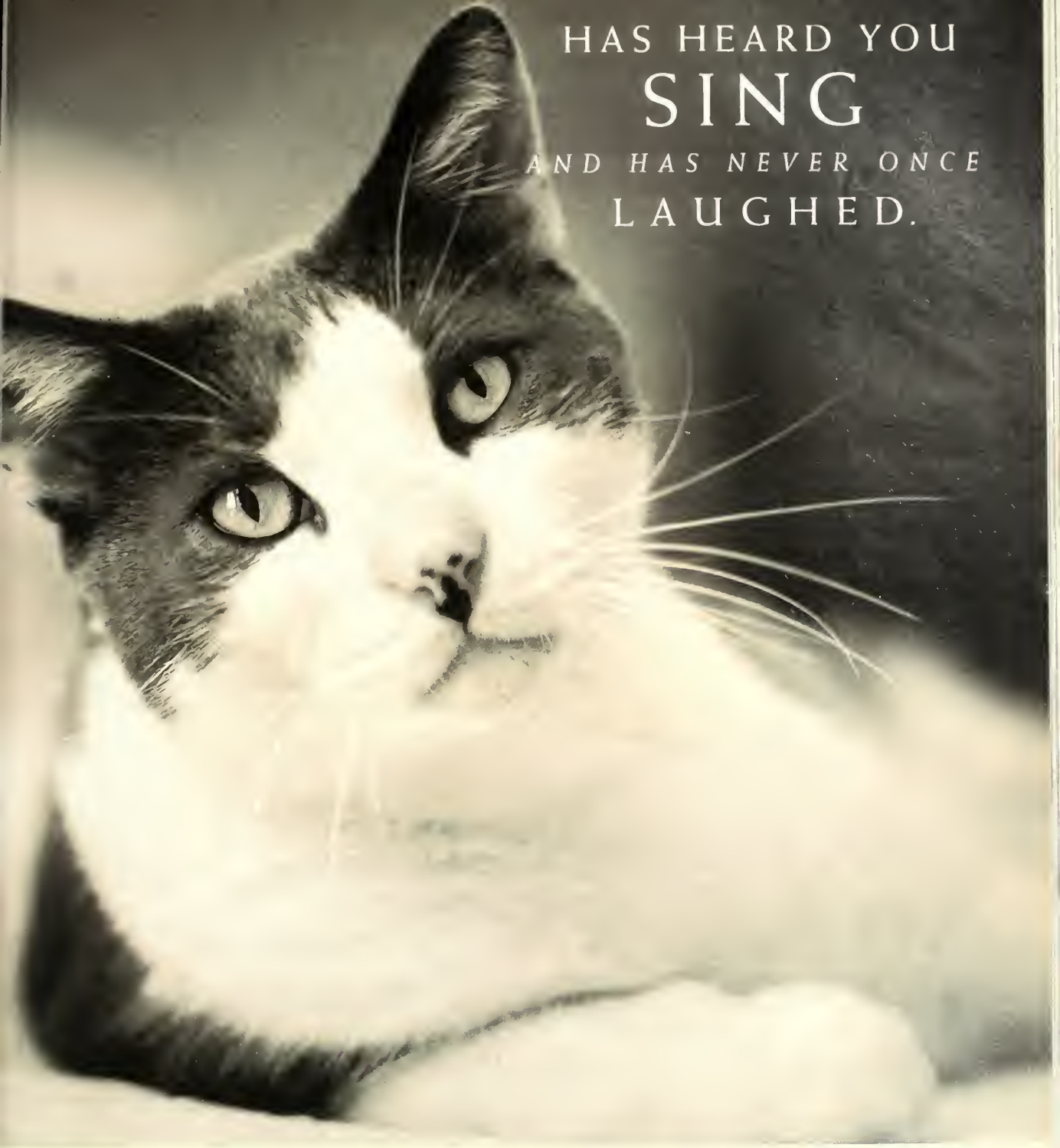


Decaf, Please
If you're a coffee or soda guzzler, you may be at risk for an overactive bladder, says a recent study from Brown University School of Medicine, in Providence. Because caffeine stimulates bladder muscles, researchers suggest that women should not exceed 400 mg per day (about four cups of coffee or five 20-ounce sodas).

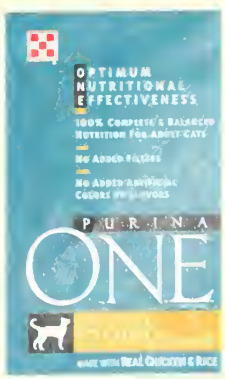
Stretching the Truth
Think stretching will stop injuries before they strike? New research shows that this may not be so. A recent study found that extensive stretching before a workout did not significantly reduce injury. A light stretch plus an active warm-up, such as a jog, may be more beneficial.



BY ANNA ROUFOS



ct, your voice could sound like nails on a chalkboard, and your cat wouldn't mind a bit. All he about is that you're there for him. And a relationship that special is one worth keeping healthy with a O.N.E.® brand Special Formula. It's made with real chicken with no corners cut, and it's complete ery way. Plus, it's low in magnesium and it helps reduce your cat's urinary pH, which helps to tain a healthy urinary tract. And a healthy, happy cat is definitely something worth singing about.



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The pity party

Feeling lousy? Don't fight it! Sometimes it's okay to wallow in misery

By Linda Richman

People think that because I have endured a lot of pain in my life, I will have a great deal to say on the subject, including a few words of magic healing. They're out of luck.

Here's all I know about pain: Nobody wants any, and everybody gets some. The people around you don't want you to have any, either, because even watching someone in pain is awful. When you've suffered some horrible loss, your loved ones will tell you to be brave and strong. If it were *you* they were thinking about, they'd tell you to scream and cry and fall apart and claw at the carpet and faint dead away. That's normal.

I remember when the police officers came to my house in September 1990 to tell me that my son, Jordan, had been killed in an auto accident at the age of twenty-nine. When they were through, I offered to make coffee. My brain blocked out completely and put me on autopilot. But that's the way we all operate: Put off the pain. Cancel it if you can.

Of course, you can't. All you can do is delay it. Which is the worst thing you can do, because then the pain festers. It builds up pressure and power. Delaying it means you have more pain to deal with, not less. In fact, by wanting to be pain-free, you're devoting all your energy toward something that is doomed to fail. You're ducking reality, which actually makes it impossible to learn to live with it.

I spent years trying to digest or absorb or cure or heal the pain, until I realized that what I really wanted was to go back in time and make that terrible thing "unhappen." Once I finally accepted that my wish would never come true, I accepted the pain, and it began to dim. Boy, ain't that a kick in the head? You have to love that ache—the actual feeling of it—before you can begin to live with it.

People ask me, "When the pain gets too hard to bear, how do you fight it?"

"I don't," I say. "I give in."

If I wake up and feel depressed, I explain, I cancel everything for the next day or so. I don't even leave my bed—except when nature requires. I lie there feeling sorry for myself. I weep. I curse. I suffer—not just a little, a *lot*. I suffer more in two days than most people do in a year. I do everything to make myself feel as bad and as sad as possible.

Self-pity *does* have a purpose—go with it and see what happens



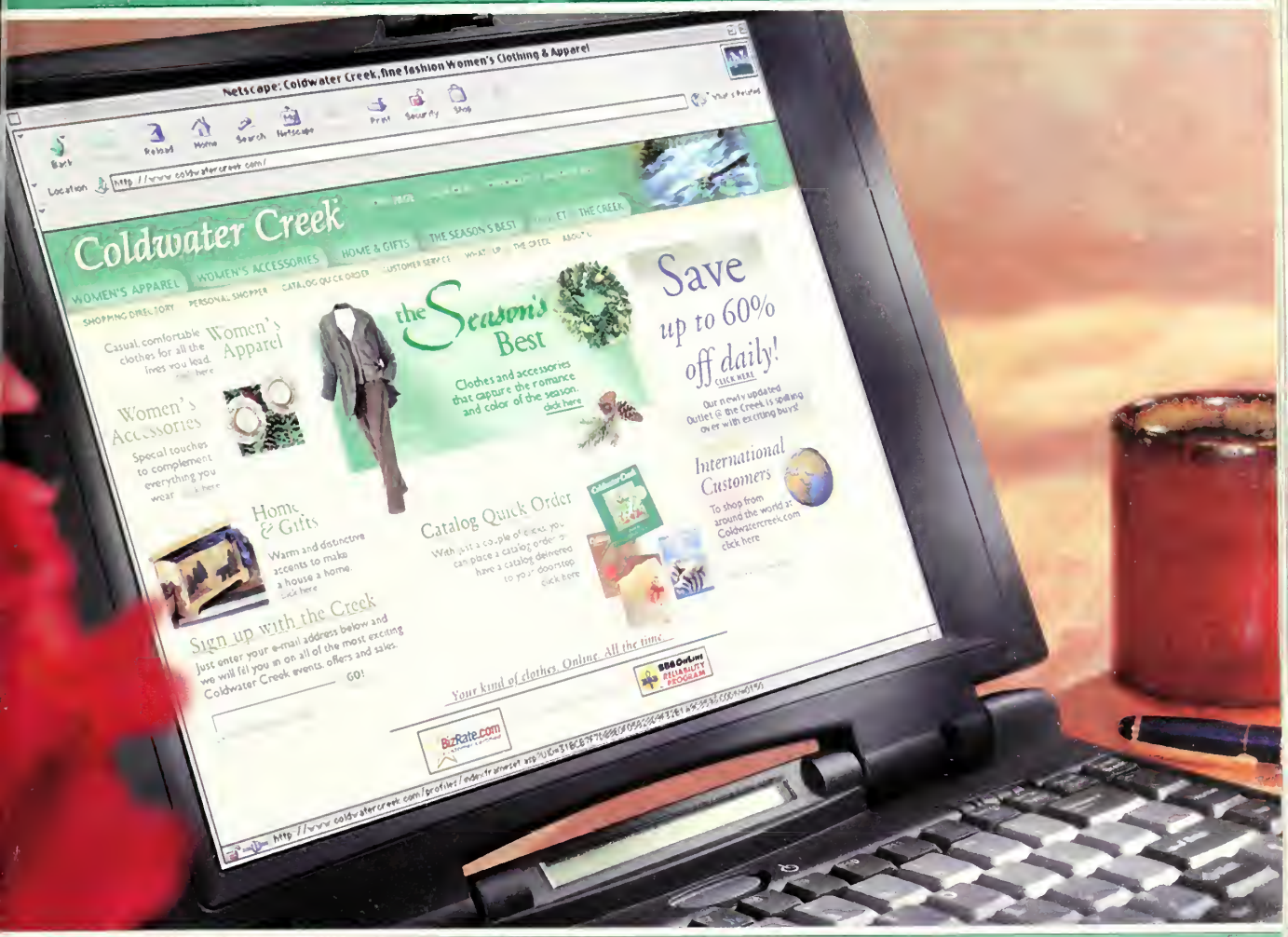
I call it a pity party. Nobody throws a pity party like I do.

"And then what happens?" they ask.

"On the third day," I tell them, "I get up." Whether I want to or not, I get out of bed, take a shower, wash my hair, put on makeup and get out of my house. That's the key to the whole thing. You allow yourself *(continued)*

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(continued) to behave like an insane person for exactly two days; two days is healthy. Three days is dangerous—take it from someone who's been there and done that. When my children were young, I had such a bad case of agoraphobia that I literally didn't leave my apartment for eleven years.

Giving in to the pain sounds like the worst advice any sad person has ever gotten, doesn't it? It sounds like a good excuse to let your troubles turn you into a zombie. But it has the opposite effect. Rather than spend every day feeling halfway undone by depression, I pack most of my suffering into just a few days. Those pity parties have an amazingly positive influence. I always leave them feeling great.

But you really have to do it right. You have to suffer like nobody ever suffered. A few sniffles and some staring out the window won't do it. You've got to drop the bomb on yourself.

There are certain days when I really feel the sadness of losing Jordan most sharply. For instance, Mother's Day reminds me of what I no longer have (though I still have Robin, my beautiful daughter). On Mother's Day, I feel lousy without even trying. Plus, I know that if I attempt to be brave and go about my normal day, I'm going to see a hundred signs announcing Mother's Day brunches and Mother's Day cards and flowers and wrestling matches, and at least a dozen numbskulls will, as a simple reflex, wish me a happy Mother's Day. Do I need that?

So last year I stayed in bed. I grabbed a bag of potato chips and ate it with the covers over my head. And I cried. But did I stop there? No way. That's just scratching the surface. In preparation for the day, I rented two videos: *Terms of Endearment* and *An Affair to Remember*.

Now, in the annals of tearjerkers about losing a child, there is no movie to match *Terms of Endearment*. People who have never lost a child weep uncontrollably. People who have never *had* a child weep uncontrollably upon seeing it. It's like the nuclear weapon of dead-children cinema.

On that Mother's Day, I watched it all the way through, just to make sure I was as sad as I could possibly be. One of the real gut-wrenching scenes is when Debra Winger is lying in her hospital bed, and the end is very near, and

LINDA RICHMAN'S FAVORITE TEARJERKER MOVIES

Terms of Endearment: the absolute best.
Schindler's List
Madame X
Il Postino
Life is Beautiful
Beaches
The Way We Were
An Affair to Remember
Imitation of Life
A Star Is Born



Shirley MacLaine, who plays her mother, is screaming at the nurses: "She needs something for the pain! You said you'd give it to her at ten o'clock! It's ten o'clock!" This is where Shirley, who's held it all together up to this point, begins to experience a total meltdown. It's really something special to watch.

On Mother's Day, after the movie ended, I hit rewind and found the scene. And played it again. And again. And again. After watching it maybe a half a dozen times, I was numb from the neck up. I couldn't even be sure I was breathing.



But there were still a few tears left inside my head. So I switched to *An Affair to Remember*, my all-time favorite romantic tearjerker. If you know the movie, you know the powerful scene where Deborah Kerr has to give Cary Grant the brush-off without letting him know the real reason—she is crippled from the waist down and therefore an unsuitable wife for him. First, I watched the entire movie, then the big scene over and over again until it no longer even made sense to me.

By then, my eyes looked like I had just gone twelve rounds with Mike Tyson. My nose was bright red. The bed was damp with soggy tissues. Every breath had to sneak past my swollen sinuses. I looked all around and started to laugh—partly because it really was a funny sight, but also because, finally, I was physically incapable of sobbing another sob. You know how some people laugh till they cry? I cry till I laugh.

And on Monday morning, I woke up, got dressed and went out to face the day. I felt pretty damn good, too. ■

"I'd Rather Laugh," by Linda Richman, is available in hardcover ($28.95) or as an audiobook ($21.95). Prices include shipping, handling and applicable sales tax. Call 800-763-6393 to order.





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- **Encouragement and advice on the message boards at any hour**
- **Daily pep talks and nutrition and fitness information**
- **An easy-to-use Goal Tracker to help you monitor your weight-loss success**

WHAT KIND OF DIETER ARE YOU?

Need help spotting your diet downfalls? Check the behaviors below that best describe you. Then choose the plan that addresses the largest number of your weight-loss issues.

Starved for Time?

- ○ You typically take your meals on the go, eating breakfast while driving to work or having lunch at your desk
- ○ Dinner is sometimes take-out
- ○ You'd like to change your eating habits, but you're too busy to devote extra time to meal planning
- ○ When you cook dinner, premade frozen entrées are more your style than a complicated meal
- ○ You're a frequent diner at any drive-thru
- ○ Favorite snack: leftover Girl Scout cookies that you didn't have time to help your daughter deliver
- ○ The real reason your last diet failed: You never got around to shopping for the ingredients in all those recipes

Queen of Cravings?

- ○ You eat more snacks than full meals
- ○ You regularly skip lunch or breakfast, and make up for it with a big meal later
- ○ When you feel stressed, you comfort yourself with something sweet
- ○ Once someone mentions brownies, or another favorite food, you can't stop thinking about them until you have one
- ○ You're a frequent diner at concession stands and corner bakeries, lured by the smell of popcorn and fresh-baked cookies or muffins
- ○ Favorite snack: Krispy Kremes—the one you ate yesterday was unforgettable
- ○ The real reason your last diet failed: You couldn't survive without your four P.M. snack fix

In a Rut?

- ○ Your last meal was a healthy balance of carbs, protein, and fruits and veggies, topped off with a hunk of chocolate cake
- ○ You tend to eat the same basic foods every day
- ○ When you diet and don't see results, you're inclined to give up and go back to your old habits
- ○ You're such a frequent diner at the local deli, your turkey-on-wheat, hold-the-mayo sandwich is now named after you
- ○ Favorite snack: When you hit a weight-loss hurdle, you grab the Ben & Jerry's
- ○ The real reason your last diet failed: No matter how hard you tried, your scale wouldn't budge after you dropped the first five pounds



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4	teaspoons all-purpose flour
4	teaspoons cornstarch
1/4	teaspoon ground nutmeg
5 to 7	drops red food color

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Food exchange[illegible]
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ALWAYS ON A DIET?

More than three thousand women logged on to iVillage.com and took the LHJ/iVillage.com diet survey. Here are some of the most intriguing results:

The lucky few: Only 4% of women surveyed have never dieted. Most have tried to drop pounds repeatedly in the past five years. 39% dieted six or more times; 34% dieted three to five times

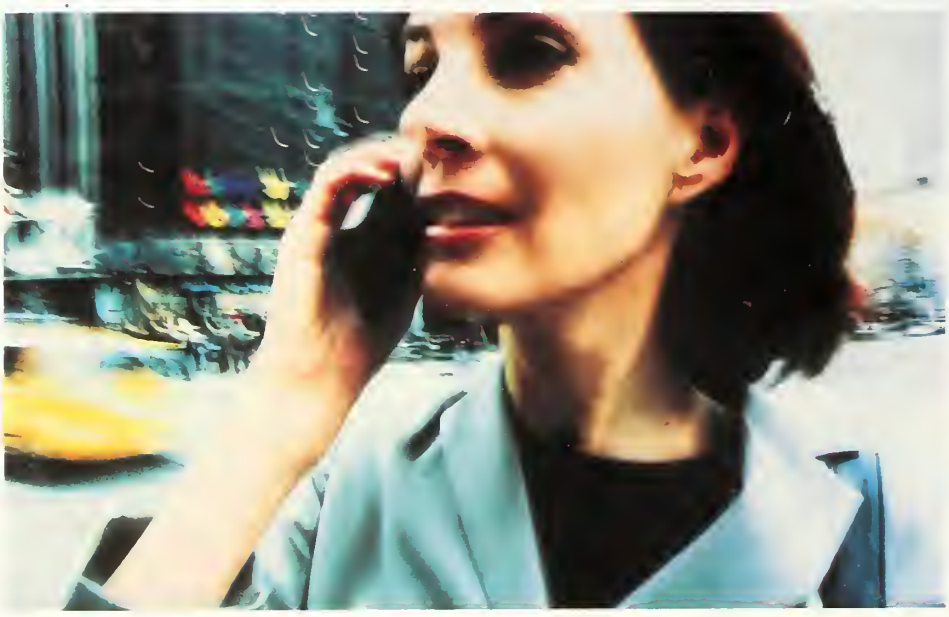
The yo-yo effect: Unfortunately, for most, weight loss is fleeting. While 10% kept the weight off, 45% dropped and then re-gained pounds once or twice, and 29% yo-yoed three to five times.

Multi-tasking: Women use several strategies to lose weight: 67% watch fat intake 66% cut portion sizes 65% add exercise 38% count calories 28% eliminate sugar

Supersize me: Thirty-three percent of women reported that fast food is their number-one diet buster. The second most common: skipping meals, which often leads to overeating later.

Plan 1: No-Time-to-Diet Diet

Forty percent of women eat on the run, according to our survey. So it's not surprising that 38 percent eat prepared or prepackaged foods three to five times a week. We included a fast-food meal to help satisfy those drive-thru cravings and designed the rest of the plan around meals you can make in thirty minutes or less (log on to *www.iVillage.com/loseitforgood* for recipes).



Day One

Breakfast
½ cup instant oatmeal made with 1 cup skim milk and a banana

Lunch
6-inch ham sandwich with tomatoes, lettuce and mustard
Small bag (about 1 ounce) of pretzels
1 orange

Midafternoon Energy Boost
1 cup sugar-free, fat-free yogurt with 2 tablespoons wheat germ and 1 tablespoon raisins
1 graham cracker

Dinner
4-ounce broiled salmon seasoned with lemon juice and dill
½ cup cherry tomatoes
½ cup seasoned lentils and spinach, steamed
1 cup skim milk
½ cup fruit cocktail

Daily totals: 1,440 calories, 25% protein, 60% carbohydrates, 15% fat, 23 g fiber, 139 mg cholesterol, 1,067 mg calcium

Day Two

Breakfast
1 cup vanilla yogurt, ½ cup fresh fruit and ½ cup low-fat granola

Lunch
McDonald's regular hamburger
Garden McSalad Shaker with 1 tablespoon fat-free salad dressing

Midafternoon Energy Boost
1 cup grapes
1 low-fat string cheese
2 rye crackers

Dinner
4-ounce chicken breast glazed with honey mustard and seasoned with herbs
½ cup brown rice
1 cup frozen oriental vegetables, steamed
½ cup mandarin orange slices and sliced banana

Daily totals: 1,421 calories, 21% protein, 59% carbohydrates, 19% fat, 20 g fiber, 159 mg cholesterol, 793 mg calcium

Day Three

Breakfast
Small bagel with 1 tablespoon low-fat cream cheese
1 apple

Lunch
Veggie burger with lettuce and tomato on a whole-wheat roll
½ cup raw veggies with 2 tablespoons low-fat dressing
½ cup applesauce
1 cup skim milk

Midafternoon Energy Boost
¼ cup mixed nuts with 2 tablespoons dried fruit

Dinner
½ cup Spanish rice mixed with ¼ cup seasoned ground beef
2 cups tossed salad with 2 tablespoons low-fat dressing
½ cup steamed green beans
½ cup pineapple
1 cup skim milk

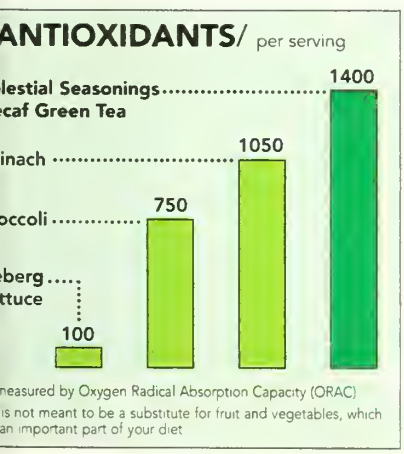
Daily totals: 1,491 calories, 19% protein, 51% carbohydrates, 30% fat, 28 g fiber, 82 mg cholesterol, 914 mg calcium

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Diet Community Challenge

Lose it for good



Plan 2: Conquer-Your-Cravings Diet

This plan will help you eat sensibly, yet still enjoy your favorite treats. In fact, it includes three meals and three snacks every day—and because 53 percent of women tend to give in to their cravings in the evenings, one of these is an after-hours treat. But don't ignore portion sizes—measure a serving to avoid overindulging. (Log on to *www.iVillage.com/loseitforgood* for recipes.)

37 percent of women skip at least one meal every day—making it even harder to resist cravings

Day One

Breakfast
1 cup oatmeal topped with
½ cup peaches
1 cup skim milk

Morning Snack
1 hard-boiled egg
1 orange

Lunch
1 cup minestrone soup
1 cup melon
½ cup low-fat cottage cheese mixed with pineapple

After-work Snack
1 low-fat string cheese
4 whole-grain crackers

Dinner
3 ounces steak strips stir-fried with ½ cup red bell pepper
½ cup brown rice
1 cup steamed broccoli
1 cup skim milk

Evening Treat
1 cup flavored coffee
2 gingersnap cookies

Daily totals: 1,390 calories, 26% protein, 53% carbohydrates, 21% fat, 26 g fiber, 330 mg cholesterol, 1,333 mg calcium

Day Two

Breakfast
1 cup bran cereal with
1 cup skim milk
1 cup blueberries

Morning Snack
1 cup grapes

Lunch
1 grilled-cheese sandwich
½ cup cherry tomatoes
1 cup fat-free yogurt

After-work Snack
5 baked tortilla chips with ¼ cup salsa
1 cup skim milk

Dinner
2 chicken kebabs with peanut-butter sauce
½ cup rice noodles
4 baby carrots
½ cup green-pepper strips

Evening Treat
½ cup fat-free ice cream

Daily totals: 1,511 calories, 20% protein, 57% carbohydrates, 23% fat, 23 g fiber, 135 mg cholesterol, 1,293 mg calcium

Day Three

Breakfast
1 toaster waffle with
1 tablespoon peanut butter
1 cup skim milk

Morning Snack
½ cup low-fat cottage cheese with ½ banana

Lunch
2-ounce roast-beef sandwich with lettuce, tomato and mustard
½ cup mixed raw vegetables with 2 teaspoons low-fat dressing
½ cup mixed fruit salad

After-work Snack
1 cup fiber cereal with
1 cup skim milk
1 cup blueberries

Dinner
3 ounces meatloaf
1 cup mashed potatoes made with skim milk
½ cup steamed carrots
½ cup steamed spinach

Evening Treat
1 baked apple, filled with raisins, cinnamon and brown sugar

Daily totals: 1,572 calories, 22% protein, 63.5% carbohydrates, 24% fat, 55 g fiber, 135 mg cholesterol, 1,140 mg calcium

HEALTHY HABITS

A few tricks can make any diet easier by making you feel fuller and more satisfied:

- Drink 8 ounces of water with every meal and snack. You should drink a total of 64 ounces each day, more if you're exercising
- Don't rely on caffeine for energy (it may increase hunger); choose healthy foods instead
- Take a daily multivitamin and consider adding a 500 mg calcium supplement
- Avoid alcohol, which can be high in calories and can trigger cravings
- Measure portion sizes
- Keep a food diary
- Whenever possible, sit down, relax and enjoy your food—whether it's a meal or a snack—without distractions such as TV

No willpower necessary.

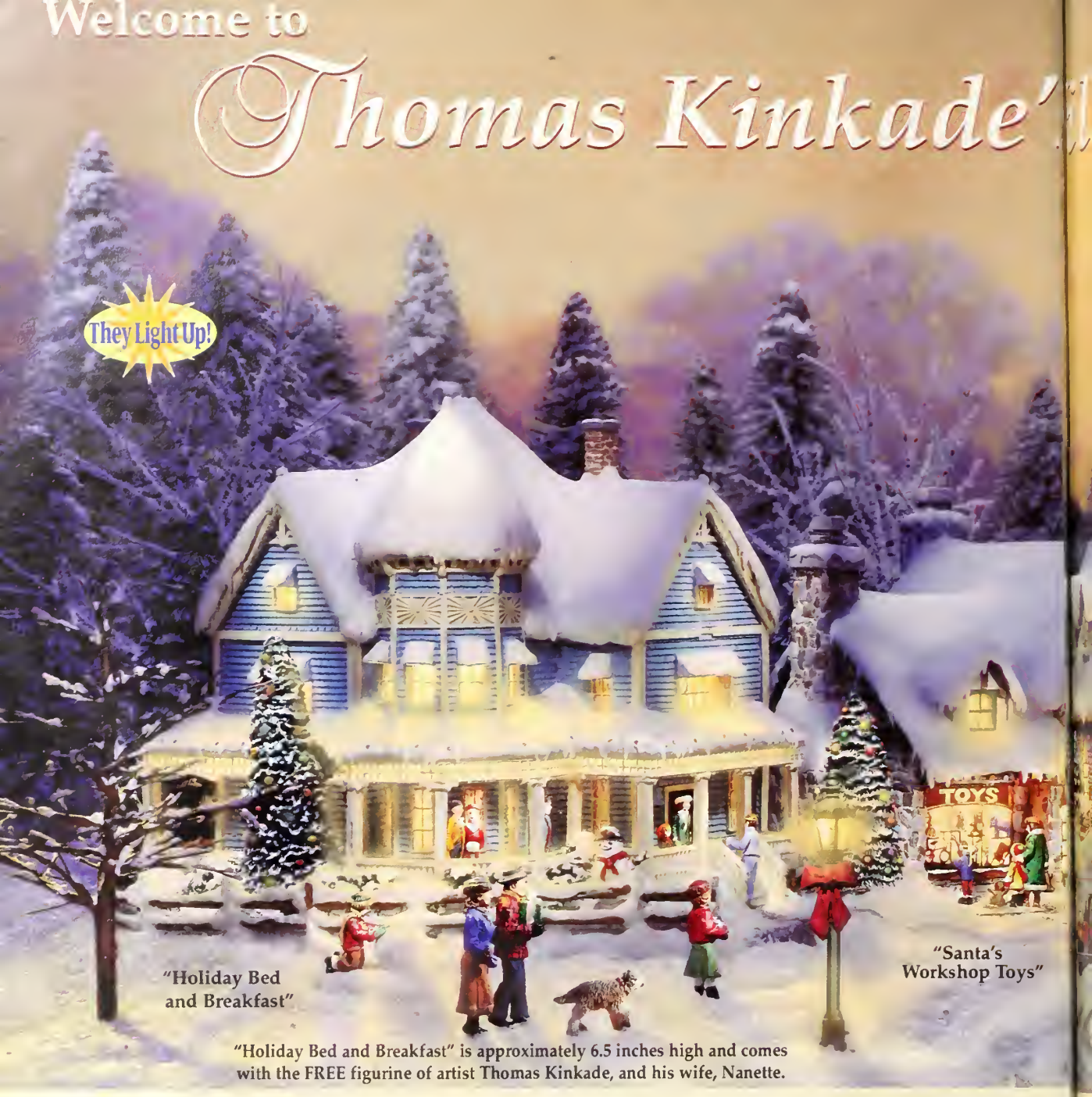


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Diet Community Challenge

Lose it for good

Plan 3: Jump-Start Diet

What's most discouraging for dieters? Not losing weight after the first week or hitting a plateau. It's easier to stay motivated when you see great results. To jump-start your program—or to lose pounds if you've plateaued—follow this plan for a week, then complete the challenge with either of our other two diets. Choose up to 200 calories of snacks each day to curb the munchies and still lose weight. (For recipes, log on to *www.iVillage.com/loseitforgood.*)



Day One

Breakfast

2 slices whole-grain bread with 1 teaspoon margarine
1 scrambled egg
1 orange

Lunch

Salad made with 2 ounces grilled chicken, 2 cups tossed salad, ½ cup garbanzo beans and 2 tablespoons fat-free dressing
2 rye crackers
1 cup skim milk

Dinner

2 shrimp kebabs grilled with tomatoes, green peppers and onions
½ cup brown rice
½ cup sautéed snow peas
1 cup vanilla fat-free, sugar-free yogurt

Daily totals: 1,200 calories, 29% protein, 55% carbohydrates, 16% fat, 25 g fiber, 494 mg cholesterol, 1,025 mg calcium

Day Two

Breakfast

1 cup oatmeal with ½ cup skim milk and ½ banana

Lunch

2 cups vegetarian chili
½ cup low-fat cottage cheese with ¼ cup diced pineapple
4 baby carrots with 1 tablespoon low-fat ranch dressing
1 cup skim milk

Dinner

4-ounce turkey burger topped with mushrooms, lettuce and tomato
2 cups tossed salad with 1 teaspoon olive oil and 2 teaspoons balsamic vinegar
½ cup mixed orange and grapefruit sections

Daily totals: 1,137 calories, 27% protein, 62% carbohydrates, 11% fat, 35 g fiber, 57 mg cholesterol, 1,061 mg calcium

Day Three

Breakfast

1 cup fiber cereal with 1 cup skim milk
½ cup strawberries

Lunch

Wendy's Grilled Chicken Fillet sandwich
Wendy's side salad with 2 teaspoons fat-free dressing

Dinner

1 cup pasta with 5 small turkey meatballs (about 2 ounces) and ½ cup marinara sauce
½ cup steamed green beans
1 cup skim milk

Daily totals: 1,147 calories, 27% protein, 55% carbohydrate, 18% fat, 23 g fiber, 111 mg cholesterol, 713 mg calcium

25-calorie Snack Ideas

2 dill pickles
1 carrot
½ cup green-pepper strips with 1 tablespoon fat-free dressing
½ cup broccoli with 1 tablespoon fat-free dressing
10 cherries

50-calorie Snack Ideas

1 cup popcorn with 2 teaspoons peanuts
½ mango
10 animal crackers
1 cup watermelon cubes
1 cup strawberries
1 cup grapes
¼ cup low-fat cottage cheese

100-calorie Snack Ideas

1 cup chicken and rice soup
1 Fudgsicle
½ cup fat-free frozen yogurt
2 tablespoons cashews
2 ounces tuna with 3 celery stalks
1 rice cake with 1 tablespoon peanut butter

MEET THE DIET DREAM TEAM

Getting help makes losing weight easier: Thirty-five percent of women in our survey said that teaming up with someone would help them reach their goals, and 29 percent said one-on-one professional coaching would be the biggest boost. Your wish is granted: LHJ and iVillage.com assembled this team of experts to help.

Lynn Grieger, R.D., created the Diet Community Challenge® meal plans. As a nutritionist, she works with children and adults with special health needs, diabetes or high cholesterol to educate them on healthy nutrition and weight loss.

Liz Neporent is certified by the American College of Sports Medicine, the National Academy of Sports Medicine and the American Council on Exercise, and wrote *Fitness Walking for Dummies* (IDG Books, 1999).

Ann Kearney Cooke, Ph.D., is an expert in self-esteem, body image and eating disorders, and is the director of the Cincinnati Psychotherapy Institute and an adjunct professor of psychology at the University of Cincinnati.

Chat with our experts at *www.iVillage.com/loseitforgood*



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Winter holidays.

Winter clothes.



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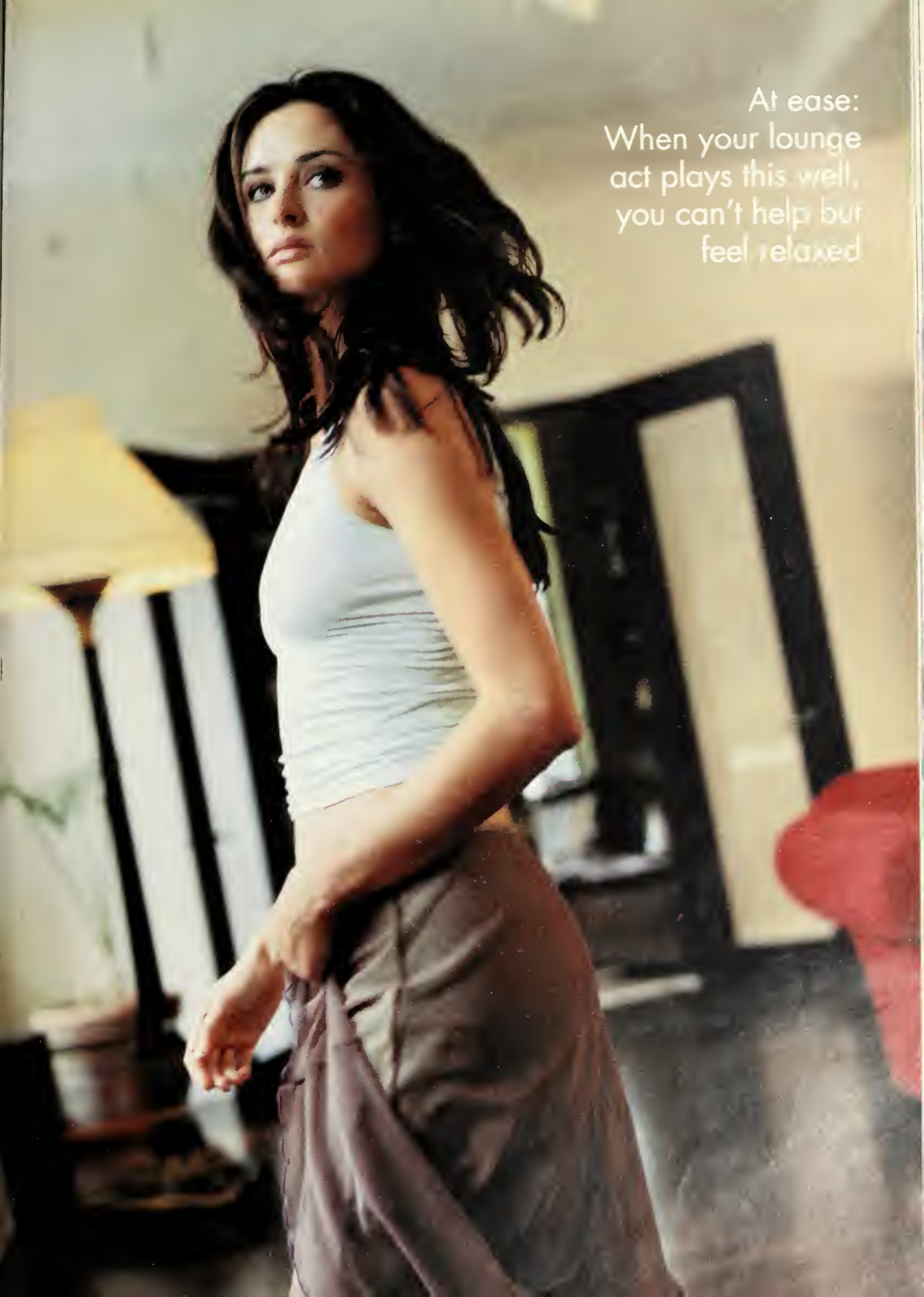
underneath it all

We've got you covered in great new lingerie looks for everything from lay-about Saturdays to sexy nights and on-the-go workdays. In second-skin fabrics and fit-to-be-seen designs, the latest in lingerie supports and enhances your body and style through every moment of your busy life.

By Deborah Berger
Photographs By Robert Whitman



COZY UP This page: A little lace, well placed, sets his heart to racing. Mesh embraidered bra, $38, and bikini, $20; both Natari; mesh wrap, M. Kalan, $96.
Right: Yaur old sweats are no competitian for a comfy cotton tank and double-layer mesh skirt when it comes to kicking back at hame. Tank, DKNY Underwear, $28; skirt, M. Kalan, $108


At ease:
When your lounge
act plays this well,
you can't help but
feel relaxed



The bare necessities: These are the only pieces the well-dressed woman needs. *Three daytime bras* in white, nude and black. Before you buy, think about your clothes: If they're mostly form-fitting, go for a seamless, contour underwire (like the one by Wacoal, $36, on page 109) to support and smooth with light padding. *One convertible-strap bra* With this season's dare-to-bare fashions, this bra is a style lifesaver. New now: transparent straps, low-back, halter, and adjustable or removable-strap options. *One camisole* Stretchy, double-layer tanks offer small and medium sizes a light-support, no-bra choice. *One sports bra* Don't try to do without when exercising. *One bra-and-panty set* in a bold color or print—even if only you know it's there. *One ultra-sexy lace duo*—need we say more?

The best care for longer wear: New fabrics like Lycra blends and microfiber make for the most comfortable bras and panties, but they don't like bleach or dryer heat. Wash in a mesh laundry bag on the gentle cycle; air dry.



GET CUDDLY This poge: Bright, pretty color mokes a woy to lingerie for an instont mood-lifter. Nylon/spandex demibro; $68; robe, $78; both Notori. Girl's clothes, So Fun. Opposite: Moximize your comfort zone in o seomless comisole thot gives light support under weekend weor. Nylon/Lycro shelf comisole, Colvin Klein, $32; jeons, Dué Per Dué



IT'S VALENTINE'S DAY and you want his heart to beat faster the moment you walk into the room, even if you have been together forever. And you know what it takes: luscious lips, silky skin, beguiling eyes. Here, how to maximize your looks with minimum effort. The payoff: a 60-second sex appeal that gives you more time to spend on the really important things—like cuddling, candlelit dinners and romance!

EASY BEAUTY TRICKS TO BRING OUT THE FLIRT IN YOU

fast & flirty



By Mary-Ellen Banashek
Photographs by Michel Nafziger

PUT ON A PRETTY POUT "To keep kissing on his mind, switch from safe neutral lipstick shades to true reds, oranges and pinks in sheer formulas," suggests makeup pro Vincent Longo. Two choices: Vincent Longo Lip Stains ($18) and Aveda Lip Sheers ($14). For color that lasts through dinner and smooching, Longo recommends three steps: 1. Blend a little concealer around mouth contours. 2. Line and fill in lips with pencil. 3. Apply lipstick and blot. But don't be obsessed. "I love to see that transfer of color to a woman's glass or napkin," says Longo. "It's her personal imprint and incredibly sexy!"

TEASE HIM WITH SILKY TRESSES The big hair turnoffs: static and flyaway ends. To tame the frizzies and leave hair luxurious, Janet Waddell, creative director of Vidal Sassoon/New York, recommends a moisturizing frizz-control cream for fine to medium-thick hair. We like Thermasilk Heat Activated Weightless Frizz Fighter ($5.49). Apply before blow-drying. For thick or coarse hair, try Vidal Sassoon Defining Wax ($8.50), a light pomade that adds definition without weighing hair down. After blow-drying, rub a dime-size amount between hands, then apply to hair for a textured, edgy look.



fast & flirty

MESMER-EYES Who can resist sultry, seductive eyes? "All you need is a cream shadow in gunmetal, charcoal or mahogany," says beauty expert Bobbi Brown. Apply on lids and blend with fingertips. A touch of waterproof mascara and you're done. To prevent shadow from coming off on your pillow, try water-resistant formulas such as Bobbi Brown Essentials Cream Shadow Sticks ($20) and Revlon Eye Glossing BronzeLights Collection ($5.50). If you really want to pull out the stops, curl your lashes before applying mascara. Check out Lashpro ($19), a new eyelash curler designed by Stephanie Keller to fit the natural contours of the eyelid. If you have small eyes, try the specially sized Petite Lashpro (to order, call 800-237-6979).

NAIL HIM! For glamorous fingers and toes, you can't go wrong with a glossy red polish, says nail pro Maisie Dunbar, owner of the M&M Nails and Wellness Center, in Silver Spring, Maryland. The only problem with darker colors like red is the smear factor. Dunbar's solution: Before applying polish, brush cuticle oil on surrounding skin, being careful not to get any oil on the nail. Do your manicure. When nails are dry to the touch, wipe off cuticle oil with a clean cloth and, voilà, perfectly groomed nails. And why put up with chips when you have your pick of long-wearing nail polish formulas? Go for L'Oréal Shock Proof Extreme Wear Nail Colour in Big Apple Red ($4.95) or Avon Nail Wear Nail Enamel in Heart ($3.95).



RED HOT! Rev up your allure with a racy red polish. The right shade for you? One that flatters your skin tone. If you're fair or have pinkish undertones, try a true blue-red polish. Warm skin tones with more yellow look prettiest with a sizzling orange-red. And candy-apple reds are dramatic on dark skin.

SILKY SKIN Before you slip into something slinky, make skin inviting to the touch. Spray-on body oils are fast and effective as long as they're not heavily scented (fragrance can irritate dry, sensitive skin). Try H_2O Plus Skinscents Conditioning Fragrance Spray with plant extracts ($13) or The Body Shop Japanese Hotsprings Aromatic Dry Oil Mist ($14).





fast & flirty

TURN ON THE TOUCH-ME SKIN Smooth out any rough spots with this plan from Mary Lupo, M.D., a dermatologist in New Orleans. **Shower:** Milk soaps are more moisturizing than deodorant soaps or cleansing gels. Two to try: Archipelago Oat Milk Soap ($7; for stores, call 800-399-4994) and Earth Therapeutics Natural Milk Nutrient Soap ($2.99). **Scrub:** To exfoliate flaky skin, use a body scrub twice a week, once a week if skin is sensitive. Two soothing scrubs: Bohemian Body Smoothing Scrub ($13) and Origins Ginger Body Scrub Smoothing Body Buffer ($30). **Soften:** Apply a body moisturizer while skin is still damp. Blot any excess.

SPRITZ ON A SEXY SCENT To make fragrance linger, apply it right after you shower, when skin is moist and damp, suggests Leslie Barber, vice president of marketing for Elizabeth Arden. Don't forget to spritz behind the knees and ankles—scent travels upward. What to wear? Almost anything goes. A few sensual delights: Hot Couture Eau de Parfum Spray ($55 for 1.7 oz.) by Parfums Givenchy, a voluptuous fruity floral; Elizabeth Arden Green Tea Intense Eau de Parfum ($35 for 2.5 oz.); Isabella Rossellini's Manifesto ($45 for 1.7 oz.), with white rose and basil and Bohème ($80 for 100 ml) by Napa Valley Fragrances, with rosewood, jasmine and sandalwood.

Divine Providence

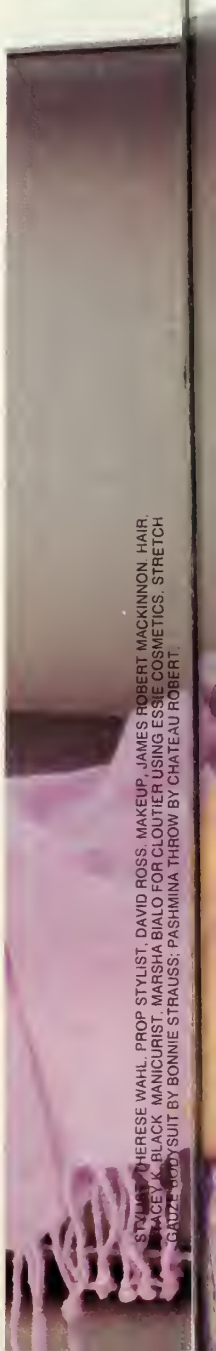
As a new mom with a new movie, Melina Kanakaredes knows that providence is more than the name of her hit TV show

By Melina Gerosa Bellows. Photographs by Dana Fineman-Appel

Melina Kanakaredes has made a career out of breaking the rules. After all, this is hardly a typical Hollywood scene. It's lunchtime at Sofi, an outdoor Greek taverna in Los Angeles that Melina was introduced to by "Bob" DeNiro, her co-star in the new movie *Fifteen Minutes*. When the waitress takes our order, the star of the hit show *Providence*, in a torrent of perfect Greek, orders *melitzanosalata* (eggplant), *taramosalata* (red caviar dip) and so many other dishes that another table has to be dragged over to hold it all. Within seconds, the actress is digging into each dish, rolling her eyes and expressing her delight—in Greek, of course: "*Evgefsto*!"

In the town of the disappearing waistline, actresses aren't expected to show how much they enjoy their food. But Melina Kanakaredes (the last two syllables rhyme with Wheaties) has found her success by playing against the Hollywood stereotype. The thirty-three-year-old star has become one of the most popular women on TV, thanks to the role of Syd Hansen, a Los Angeles plastic surgeon who returns to her hometown after her mother's death. One of NBC's most highly rated dramas since *ER*, *Providence* is credited with ushering in a new genre—the hour-long drama starring a squeaky-clean yet independent female—which includes such shows as *Judging Amy* and *Family Law*. Despite its challenging Friday-night time slot, the show has some twelve million viewers and won last year's People's Choice Award for new dramatic series.

The hottest point of an actress's career is not the most likely time to start a family. But that's exactly what Melina did, giving birth to her daughter, Zoe, in May. "She puts everything in perspective," says Melina. "Having a child just makes your life richer." And busier. Melina has newfound empathy for the working mothers of the world. "I feel like I've joined some sort of club that wasn't there before." Melina takes Zoe to the *Providence* set, where, in record time, the infant received an important Hollywood perk: her own trailer. "Right next to mine," says the relieved mother. "I laughed thinking about how long it took me to get *my* *(continued)*



MELINA'S MOMENT Time for relaxation is increasingly rare for Melina Kanakaredes, the actress who ignored those who urged her to change her hairstyle and that tongue-twisting surname. "My father hung up on every boy who couldn't pronounce our name correctly," she says

STYLIST: THERESE WAHL. PROP STYLIST: DAVID ROSS. MAKEUP: JAMES ROBERT MACKINNON. HAIR: TRACEY K. BLACK. MANICURIST: MARSHA BIALO FOR CLOUTIER USING ESSIE COSMETICS. STRETCH GAUZE BODYSUIT BY BONNIE STRAUSS; PASHMINA THROW BY CHATEAU ROBERT.





(continued) own trailer, and Zoe got hers right away."

Melina Kanakaredes and Peter Constantinides, the college sweetheart she married eight years ago, had dreamed of having children—eventually. "I'm very structured," she says between bites of *ochtapodi*, "and we were purposely waiting. Needless to say, we were shocked."

Both to accommodate the pregnancy and because Zoe was pressing on Melina's sciatic nerve (creating "totally excruciating pain"), *Providence* writers had the character of Syd go into a coma. Luckily, Melina was able to complete the necessary shooting before the pregnancy became obvious, although those who know her best did detect a difference. "A couple of my friends hinted to my sister that I'd had breast implants."

Such a staple of Hollywood life contrasts sharply with the simple values of the tight-knit Greek-American enclave in Akron, Ohio, where Melina grew up. The actress is the youngest of three sisters and the daughter of a retired insurance-agency owner and a homemaker. "I was famous because of my father, who hung up on every boy who couldn't pronounce our name correctly."

After graduation, Melina spent a year at Ohio State, where she met Peter at the school's Greek social club. "It was the right guy at the wrong time," recalls Melina, who transferred to a Pittsburgh performing-arts school hoping for more stage opportunities. "I was all about having the experience: getting my Equity card, doing theater all over the place, going to New York. I didn't want a guy to hold me back." Peter, of course, had other ideas. "He would just laugh at me every time I'd try to break up."

With college behind her, Melina settled in New York so that she could pursue her dream of the theater. Peter, a restaurant consultant, eventually joined her there. Melina worked as a cocktail waitress on weekends to free herself for auditions and classes during the week. "I was constantly scrutinized and told I wasn't good enough," she remembers. "But I used that rejection as fuel to make me try harder."

The actress was encouraged by agents and producers to water down her ethnicity. They argued that she would win more roles if she changed her name and straightened her hair. "I told them, 'Your job is not to worry about my name but to get me in the door.' If you keep changing for every person who tells you to, then who's going to be left? Why get the success and be somebody else?"

Finally, Melina got her first national break: a contraception commercial. Telling her father was almost tougher than getting the part. "I said, 'I got my first commercial, Dad. It's great money, and I don't have to waitress anymore.' And he's thinking, Maybelline, Clairol,

STAR TURNS Kanakaredes shares (from left) good times with cast mates from *Guiding Light*; a sisterly hug with *Providence* co-star Paula Cale; dance-floor magic in the arms of David Lee Smith on *Providence*; and laughs with Robert De Niro in *Fifteen Minutes*





Revlon. So I said really fast, 'It's for a contraceptive.' And he said, 'You mean about having *sex*? *You* don't have sex! You don't even *know* about sex!' So I said, 'Don't worry, Dad. They put a wedding ring on me!' "

Eventually she landed a three-year stint as a Greek character on *Guiding Light*, for which she earned two Emmy nominations. That was followed by a recurring role as one of Jimmy Smits's love interests on *NYPD Blue*, as well as appearances on *The Practice* and other TV shows. Then, just as the television work was rolling in—not to mention a few feature-film roles—the actress told her agents she wanted to focus on her first love: theater. "When you say no in this business, the opportunities really start coming your way," observes Melina, who turned down three successive NBC projects, including a juicy role on *Law and Order*.

That got the attention of then-NBC entertainment president Warren Littlefield, who asked to meet the woman who kept saying no. "I said, 'I don't want to offend you, because who the hell am I—this kid from Akron.' "

In short order, Melina was offered her starring role in *Providence*, which, at that point, was the pilot for a midseason replacement. "It wasn't like anything else out there," she says with pride. "It had a strong, intelligent woman, but it was a sweeter show."

So sweet that the critics panned it, although audiences immediately ate it up. The show's success led to lots of frequent-flier miles for Melina, who flew back to New York as much as possible to see her husband, kept on the East Coast by his restaurant clients. The actress attributes the popularity of *Providence* to its accessibility. "It's that core element of family, whether it's the one you're born into or the makeshift one you've created," she says. Rounding out the Hansen family is Syd's veterinarian father, *M*A*S*H* alum Mike Farrell; her brother, *Beverly Hills 90210*'s Seth Peterson; and her single-mother sister, played by Paula Cale.

As *Providence* has climbed in the ratings, Melina has managed to stay grounded, say her co-stars. "When we go to shoot on location in Providence, it's like we're the Rolling Stones and she's Mick Jagger," says Cale. "And what floors me is Melina is so flippin' nice."

But being nice didn't get in the way of her landing the role of Nicolette Karas, a "hard-assed reporter," in the action thriller *Fifteen Minutes*, due in theaters this month. Despite Melina's excitement, the idea of working with the imposing Robert De Niro—who plays a superstar homicide detective in the film—was more than a little intimidating. At first. "Before I met him, I was quite nervous," she recalls. "But once you get to know him, he's charming, fun and a very giving person. I had such an incredible time working with him. And he was extremely generous to Zoe when she was born."

De Niro sent the newborn a big toy chest filled with goodies. And Melina was pleased to learn that, tough persona aside, De Niro often brings his own children to his movie sets.

"After I met with her, I knew Melina would be able to master the role," De Niro says admiringly. "It was a difficult part to cast. The role called for someone to be believable both as a TV field reporter and in straight dramatic scenes."

And how did Melina do?

"She was terrific," declares De Niro.

While *Fifteen Minutes* moves Melina into a whole new arena, it's still *Providence* for which people know the name Kanakaredes (even if they don't always know how to *pronounce* it). "I want to continue doing films," she says. But, for now anyway, not at the expense of the show that has changed her life. "My biggest concern is that, regardless of our success, we all continue to push and make the best show we can make."

If Melina is content to place new demands upon herself professionally, her personal life is another matter. Now that Peter has joined her and Zoe in Los Angeles—the couple had grown weary of bicoastal commuting—Melina is ready for more family time. That is, as much of it as the star of a popular TV drama can hope to have. "My career is still important to me. But now it's important based on taking this experience of motherhood and using it to become much better at *everything* I do." ■

Melina Gerosa Bellows is the former entertainment editor of Ladies' Home Journal.





Win a walk-on role on *Providence*. Yes, you could win a walk-on part in one of your favorite TV dramas—NBC's *Providence*.

FOR SWEEPSTAKES RULES, SEE PAGE 159


Weekend



the envy epidemic

The millionaires next door can make the rest of us feel as though we missed the gravy train. Why aren't we content with what we have?

By Shana Aborn
Illustration by Coco Masuda

Theresa Giovanniello is doing well by anyone's standards. The thirty-eight-year-old mother of two from Pleasant Valley, New York, manages programs for a county department of social services. Between her salary and that of her husband, a registered nurse, they live quite comfortably. And yet there are times when she feels it's not quite enough. "A friend of mine bought a vacation home in Cape Cod. Other friends are talking about retiring, and I'm thinking, What have we done wrong?" she says.

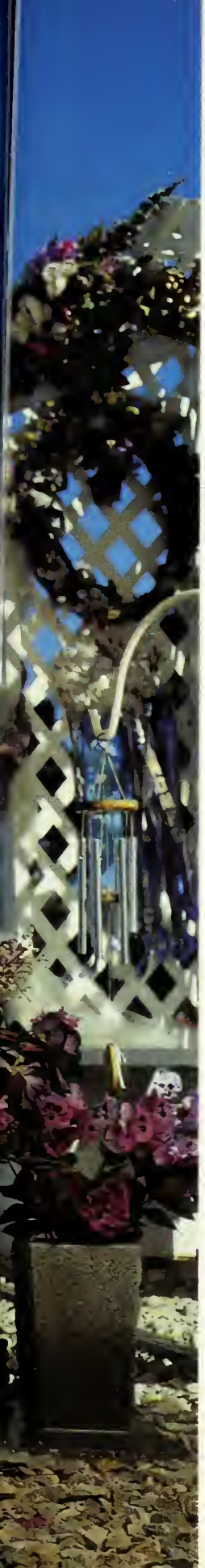
Say hello to the new era of envy.

Living Large

The white-hot economy of the last few years has made it possible for more people to live wealthier lives. The bad news is that some of your friends and neighbors are enjoying the fruits of this affluence a little more than you are. "We see people in their thirties reaching a point they used to in their fifties," says Ruth Rosenbaum, Ph.D., a psychotherapist in private practice in New York City. "They have more money, more success than previous generations."

In this environment of conspicuous consumption, the bar for the standard of success has been raised to near-ridiculous standards. A decade *(continued on page 154)*





When her daughter was killed in an accident involving Firestone tires, Cathy Taylor vowed to make the company pay. In the process, she may have saved thousands of lives

The mom who fought Firestone

BY KATHRYN CASEY. PHOTOGRAPHS BY MICHAEL O'BRIEN

"Getting those tires off the road is what Jessica would want," says Cathy, at her daughter's grave. "She wouldn't want any other family to go through what we have"

Cathy Taylor's home near the small town of Kirvin, Texas, is filled with memories. Photos of her daughter, Jessica, cover the living-room wall. Cathy, forty-two, picks up one of many porcelain angels sitting on a cabinet below the photos. Tears spill down her cheeks. "Jessica was so beautiful," she says. "Loving and warm. She had the world ahead of her—her first prom, college. She wanted to be a kindergarten teacher. She loved kids."

But on October 16, 1998, the Taylors' world changed forever. That evening, on the way to taking Jessica, fourteen, to a homecoming football game, the tread peeled off a Firestone tire on the family's Ford Explorer. The SUV careened out of control, rolling three times. Jessica was killed.

Angry and grieving, Cathy and her husband, Jim, owner of a small used-car lot, sued Firestone and Ford. But for Cathy, it wasn't about money. "I knew that tire was defective, and I just knew in my heart this wasn't the only accident," she says. "I wanted those tires off the road." *(continued)*

(continued) Late last summer, Firestone and its Japanese parent company, Bridgestone, announced one of the biggest tire recalls in history—6.5 million Radial ATX, ATXII and Wilderness tires, blamed for five hundred injuries and one hundred nineteen deaths in the U.S. Many call the Taylors' lawsuit and Cathy's refusal to settle pivotal to the recall. "People died who didn't have to die," says Congressman Billy Tauzin (R–Louisiana). "Firestone knew they had serious problems with these tires long before the recall was announced. The Taylor case and a number of others helped highlight the severity of the problem."



"I want those tires recalled," Cathy told her lawyer

Cathy says she had no other choice. "All I wanted was for the deaths to stop." If she'd accepted a settlement from the two companies and signed a confidentiality agreement instead of pushing to get the story out, she says, "I'd be just as responsible as Ford and Firestone."

A FAMILY'S TRAGEDY

Friday, October 16, was a hectic day for Cathy, a stay-at-home mom. (She had retired from her job as a purchasing agent in the early nineties because of an injury; five years earlier, she and Jim had separated.) After school, Jessica, a cheerleader, had rushed around the house, brimming with excitement over that evening's homecoming football game followed by a party at the family's church.

By four-thirty, Cathy and Jessica were on the road in the Taylors' two-year-old Ford Explorer. With them were Cathy's friend, Tammi Lyn Cook, twenty-eight, and her two children, Sarah Beth, then six, and Travis, then seven. Cathy intended to visit a friend who lived an hour away. Tammi would drop her off, then take Jessica to the game.

"We took my car because it was the newest one," says Cathy. She insists that the SUV had been well maintained. A month earlier, technicians at the local Firestone store had mounted new tires on the front and rotated the existing front tires to the back.

What Cathy didn't know was that ATX tires were already at the center of a controversy. The first lawsuits had popped up on court dockets in 1992, charging that ATX tires on Ford Explorers had, without warning, shed their treads, causing serious accidents. In June 1998, a State Farm Insurance Agency employee notified the National Highway Traffic Safety Administration (NHTSA) about twenty-one accidents involving Explorers and shedding Firestone tires. The agency never investigated.

"We get five hundred complaints a year about tires, and we'd gotten approximately forty-six about Firestone ATX and Wilderness tires over a period of ten years," says the agency's administrator, Dr. Sue Bailey, who adds that the number wasn't high enough to warrant an investigation. "Firestone knew about two thousand claims that they did not report to us because they were not obligated to report them."

And so, at just after five that evening, Cathy Taylor waved good-bye to her daughter. "I love you, Mom," Jessica called out.

An hour later, Cathy received an urgent phone call from Tammi, who was in a hospital emergency room.

"Get here!" she cried.

At the ER, Cathy found Tammi pacing. "Where's Jessica?" demanded Cathy. A police officer stepped forward and said, "Mrs. Taylor, we need to talk."

"Don't say that," Cathy cried. "I don't want to hear it."

Jessica, the officer told her, had died at the accident scene from massive head injuries. "No!" screamed Cathy.

Much of the following week remains a blur. Cathy remembers the funeral, and how Jessica's friends put stuffed animals and long, handwritten letters into her casket.

"We dressed Jessica in her cheerleading outfit, and the kids picked out the music," says Cathy, her voice trembling with emotion.

At her daughter's grave, Cathy began to feel an overwhelming anger. I have to do something, she thought. Jessica's death will not be in vain.

FIGHTING FOR THE TRUTH

Cathy began to suffer bouts of depression. She couldn't stop thinking about the accident. Tammi insisted that she'd been driving the speed limit when she heard a loud pop. The Explorer pulled left and she steered right. But the SUV careened out of control. "It wasn't a normal blowout," Tammi told her.

Fourteen days after Jessica's death, the Taylors hired Randy Roberts, an attorney in Tyler, Texas, who specializes in personal-injury cases. Roberts found Cathy's Explorer in a junkyard, waiting to be demolished. But the insurance adjuster had kept the suspect tire.

"The fact that the adjuster *(continued on page 152)*

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Wide Open Spaces

Rooms that flow together are the latest trend in family-friendly design, providing style, ease and a real sense of home

PRODUCED BY KIMBERLIE WAUGH. PHOTOGRAPHS BY JENNIFER LEVY. TEXT BY JILL KIRCHNER

It's the best of both worlds: From the outside, *Ladies' Home Journal*'s 2001 trend house displays all the charm of a turn-of-the-century English home. On the inside, the walls come tumbling down to create the latest in home design—large open spaces.

One of the home's architects, Lew Oliver, says this open house plan caters to modern lifestyles. "The plan puts the emphasis on the rooms people really use," he says. "People always gravitate toward the kitchen, so we made it the center and completely open to the breakfast room and the gathering or great room, as well as the outdoor courtyard."

Though the kitchen/breakfast nook/gathering room is distinguished by its open design, Oliver took care to subtly delineate the various spaces with ceiling treatments (coffered ceilings in the great room and study, an octagonal paneled ceiling in the dining room); large arched entryways, which are wider than standard doorways; and built-in cabinetry in each room.

When it was interior designer Susan Orlie's turn, she created a consistent feel for all the rooms by sticking to the same color palette for the wall paint, curtain fabric and upholstery. "I tied all the rooms on the first floor together with the color *(continued)*





The brand-new 5,500-square-foot house was designed to look like a longtime resident on its corner lot. The architect planned this "sizable" foyer to bestow an immediate elegant, spacious feeling as you enter the house









The laft-like design of this flaar plan creates an apen kitchen, breakfast raam and gathering-raam area. The freestanding island (tap) has a dauble-decker countertap with surfaces far working and dining

(continued) red," she explains. "It trails into each room, yet has its own personality in each space." While red takes center stage on the beadboard walls of the study, it plays more of a supporting role in the breakfast and gathering rooms' pictorial-print curtains and pillows, and in the dining room's lush red silk curtains and subtle woven upholstery.

Orlie chose furnishings that were versatile enough to accommodate each room's multiple functions. She opted for sheltering armchairs and a soft sage chenille sofa that are a step up from standard family-room denim. A quartet of ottomans offers flexibility, serving as side tables, a place to put up your feet or an impromptu seat by the fire. Orlie also used the same sleekly upholstered chairs in both the breakfast and dining rooms (where they're paired with classic Chippendale side chairs), so they could be easily interchanged for different entertaining needs.

The overall effect is inviting yet elegant, comfortable and relaxed, and very carefully thought out—in short, a home with room to roam. (Coming next month: a tour of the second-floor "sanctuary" spaces.)

Our design team

Stylists, Tim Burney, Kathy Bozemore, Jean Ellen Spengler, Duane Norris. Throughout the house, unless otherwise noted: furniture, Thomasville, Hickory Chair, Highland House, Peorsan; rugs, Nourison; chandeliers, Quorum/CRISTAL; lamps, Robert Abbey; fine wall art, Soicher-Marin Fine Art; blinds and soft shades, Hunter Douglas; drapery rods and hardware, Smith & Noble; wallpaper, Imperial Home Decor Group; hardwood floors, Triangle Pacific, Bruce Hardwood Floors; paint, The Glidden Company; flowers, Proflowers.com; small kitchen appliances, Chef's Catalog; tabletop and dinnerware, JCPenney; kitchen cabinetry, Timberlake Cabinet Company; kitchen cookware, Le Creuset of America; kitchen appliances, KitchenAid; wine chiller, Sub-Zero; countertops, DuPont Corian® and Zodiaq™; fabrics, Calico Corners; window treatments sewn by Pfaff; plumbing fixtures, Kohler Company; water sealer, The Thompson's Company; exterior windows and French doors, Peachtree Doors & Windows; front entry door, Thermo Tru; planters, Garden Ridge; exterior stone, Cultured Stone Corporation; water purifier, Pur; wallpaper prep products, Gardner-Gibson; lightbulbs, GE Lighting; central vacuum system, Electrolux; pest control, Orkin Pest Control. Decorative accessories, Crate & Barrel, Ballard Designs, Restoration Hardware, Palecek. Details, page 156.

The New American Home 2001 was built in Atlanta by LHJ, Builder magazine, the National Association of Home Builders and the National Council of the Housing Industry. Architects: Lew Oliver and Jack Richards. Builder: Hedgewood Homes. Interior Designer: Susan Orlie.

"There is no formal living room," says designer Susan Orlie, "so the gathering room had to be nice enough for entertaining yet comfortable for the family"



The dining room blends turn-of-the-century details like the built-in cupboard with modern furnishings. The same drapery fabric and wall color is used throughout to unify the rooms. Draperies made by Pfaff, fabric by Calico Corners. Furniture by Thomasville, Pearson and Hickory Chair. Chandelier (right) by Quorum/CRISTAL



The love triangle

Besotted with our baby daughter, my husband has become the doting father I'd dreamed he'd be. So why do I feel just a little bit jealous?

By Meredith Berkman



The daddy-daughter bond can deepen and change as a child grows older

One night, when my daughter, Noa, was a few weeks old, I came upon her bonding with her smitten father. She had been crying for what seemed like hours, but as my husband, Daniel, stood holding her gently, Noa began to relax.

Suddenly, she turned her tiny face in the direction of his and gazed at him with a look of such love, trust and worship that Daniel was practically moved to tears.

They remained that way, eyes locked, for five minutes or so before I walked in the room, breaking the spell. But in the second before my startled husband looked up and our daughter began to wail again, I realized I was witnessing the birth of a lifelong romance. And the uncomfortable truth is that I felt a little bit jealous.

In the year since she was born, my daughter has changed my life in all the necessary and expected ways: I am exhausted, exhilarated and overwhelmed by the realization that I now face a lifetime of acute emotional vulnerability and responsibility. Daniel and I spend an enormous amount of time marveling at what we consider our daughter's unprecedented beauty and brilliance.

Best of all, my husband has turned out to be the committed father I dreamed he would be. He comes home early to put Noa to bed several times a week, takes her to swim class on Sundays and is involved in many of the details of her daily life.

Yet Daniel's intense commitment to Noa, which makes me very proud, is also—I'm more than a little ashamed to admit—a tiny bit unnerving. Sometimes, when the two of them are together, I'm left feeling like the fat old nurse in Shakespeare's *Romeo and Juliet*, the comic go-between who facilitated the relationship between her beautiful young mistress and the handsome suitor.

"My God, I know just what you mean," cries Lucia, *(continued)*


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(continued) thirty-three, a Seattle banker who became a stay-at-home mom last year after the birth of her daughter, Alex. "My husband and Alex have a big affair going on. The other night, he came home from work and announced that every year for Alex's birthday he plans to take her on a vacation—just the two of them. In a way, I was really touched by the idea. But I also felt like, 'What about me?' "

David Klimek, Ph.D., a clinical psychologist in Ann Arbor, Michigan, who specializes in family relationships, notes that these very complicated feelings of love mingled with resentment are quite common in mothers of daughters, but not often openly acknowledged. "It usually brings enough shame on the part of the mother that she really doesn't want to talk about it," he says.

Women are both surprised and embarrassed by the sense that they are competing with the child they adore for their husband's affections. "It's a very complex rivalry," notes Klimek. "It makes the mother feel petty and immature. You see your husband come home and say, 'Hi, dear' and give you a little peck on the cheek. Then he sees his little girl and he lights up. If you try to pretend this doesn't bother you, it can create jealousy and envy."

In psychological terms, this is a gender twist called the Electra complex, a Freudian theory that refers to a young girl's possessive love for her father. In the low-grade version—let's call it Electra Lite—the mother may have a sense of humor about feeling left out in the cold, but beneath her jokes is a nagging sense of alienation.

The irony is that as a Daddy's Girl myself, I encourage my daughter's sweet obsession with her wildly devoted father and his with her. As much as I envy their connection, I also understand and respect it. Noa and I walk Daniel downstairs to wave good-bye when he leaves for work; we wait at the door to welcome him every night. We make up Daddy songs (I sing; she babbles). When my husband is away on business trips, I talk about him endlessly to her. I also have a renewed respect for my mother, who I now realize must have felt a little edged out by her three daddy-focused daughters.

Confronted with this exclusionary relationship, some women, like Karen, thirty-six, a mother of one-year-old twin girls in Maine, begin to rethink the dynamics of their own families in which daughter and father seemed to unite against mother.

"I had been home entertaining the girls all afternoon, but when their daddy walked in the room, their faces just changed and they started yelling, 'Da-da! Da-da!' " recalls Karen. "Fatherhood is something I always put on a pedestal, and I see my girls doing that, too. But where does that put me in this equation?"

Psychologist Peter Sheras, Ph.D., a professor at the University of Virginia, in Charlottesville, who studies children and families, says that communicating with your spouse is key. While you may feel silly asking your husband, "What about me?" it is important to let him know that you're feeling slightly pushed aside. Otherwise those feelings can fester and ultimately turn against your innocent child.

"We choose whether we let this situation become destructive," says Sheras. "Since it's easy to feel like you're getting the short end of the stick, you need to create some time separate from the child when you can get some more attention from your husband."

Daniel and I have discussed my sentiments and he has valiantly attempted to be more sensitive to my needs. He never forgets to kiss me first when he comes home now, and we try to have a little cuddle time on the couch after dinner. But the fact is that in my lowest moments—generally after a particularly grueling day—as I watch him fawning over Noa, I fantasize about him feeding *me* dinner, giving *me* a bath and tucking *me* into bed.

I hope I have a boy next time so he can see how it feels. ■



As much as I envy the relationship between my daughter and my husband, I also respect it

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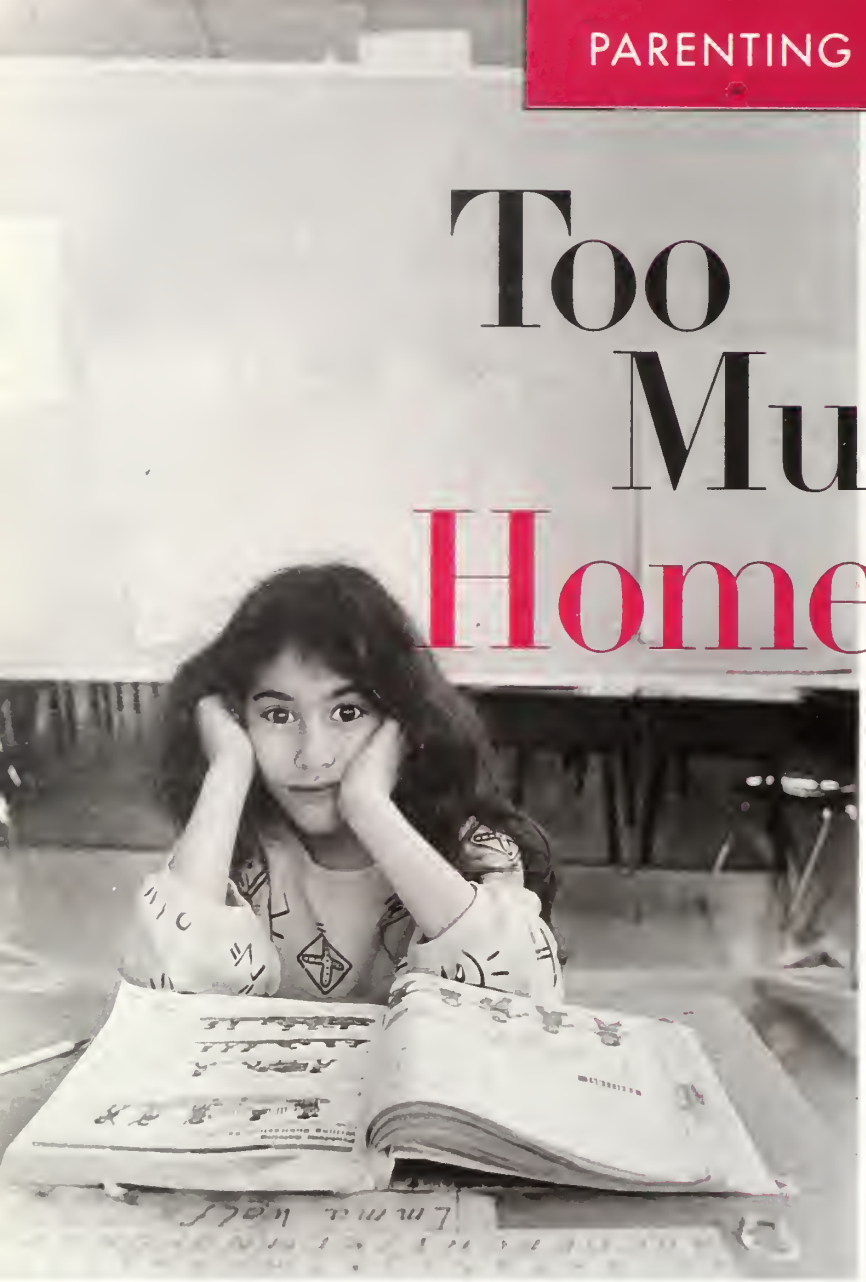


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Too Much Homework?



Does more homework equal higher student achievement? The school board of one New Jersey town believes that it doesn't and has sparked a national debate by setting strict limits on at-home assignments

By Susan Brenna

Tonight, after you finish your hard day's work, read a book about a flying pig. Then invent a different kind of flying pig. When you're done with that, make a model of your flying pig (assuming you have art supplies on hand) and a poster of your pig.

You say you'd rather watch *ER*? It's a lucky thing you're not nine-year-old Ben Brown, a third-grader in University Park, Maryland. Ben gets about a half hour of homework per night (usually math), then spends another thirty minutes to an hour on an interdisciplinary "enrichment" project, like the pig assignment, according to Ben's mother and homework assistant, forty-year-old Ellen Brown. His sister, Josie, a sixth-grader, gets about an hour of math and a half hour of language-arts homework each night and is always working on multifaceted projects that consume Sunday afternoons.

On a recent morning before his pig project was due, Ben reminded his mother that they still had to paint the racing stripes on his papier-mâché porker. "It's this Friday? I thought it was due next Friday," Ellen told Ben, as she rushed off to work at her flower shop. The Browns had to miss their church hayride the previous Sunday, she says, to work on Ben's and Josie's long-term assignments. She wants her kids to continue with Scouts and choir, but says with frustration, "When are we supposed to have time for family?" Then she remembered. "We spend a lot of time when they're crying and saying they don't want to do the homework."

"I read the first Harry Potter book to my kids: a half hour every night," says Kerry Mossler, a thirty-seven-year-old graphic designer in Farmville, Virginia. "But that has stopped. We don't have time." She believes her kids' teachers are excellent and that most of their homework has value. "Which is why I've hesitated to complain. But it's just so time-consuming," she says. Her children, Christopher and Lara, in fifth and *(continued)*

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The parents' complaint: More homework means less family time

(continued) sixth grades, get up at six-thirty in the morning, come home at three-thirty in the afternoon and sometimes work right through to bedtime at nine. One recent morning, Christopher had to get up a half hour early to finish homework. "If he didn't have to play soccer, because we signed him up for it, I don't know when he'd ever get outside," says Mossler.

Such are the days and nights of families coping with a homework load that according to some researchers has ballooned in recent years. It hasn't exactly escaped the notice of many parents that their children's backpacks are growing heavier and their playtime scarcer. But then, this fall, in a decision that received national attention, the town of Piscataway, New Jersey, decided to do something about it. The school board voted to limit the amount of homework teachers may assign on weeknights and discourage assignments on weekends.

Around the same time, educators Etta Kralovec and John Buell published *The End of Homework* (Beacon Press, 2000), a book calling for just that. In it, they presented the double-barreled argument that educators have failed to prove that more homework leads to higher achievement and that the typical American family is growing so rushed and pressured that homework has become an unbearable burden. Together, the book and the Piscataway decision—which landed on the front page of newspapers across the country—sent ripples through schools across the U.S., converting parent-to-parent debates over the right kind and amount of homework into a national public dialogue. This fall, Raymond Cushing, a school-board candidate in West Sacramento, California, even ran a campaign on a no-homework platform, declaring that conflicts over which working parent would help with homework contributed to the breakup of his marriage.

Under the new rules in Piscataway, homework tops out at thirty minutes a night for students in grades one through three, an hour for fifth-graders, ninety minutes for middle-schoolers and two hours for high-school students. Before the policy was put in place, says Ronald Bolandi, the superintendent of Piscataway's schools, many parents had complained that excessive hours of homework were preventing their kids from enjoying extracurricular activities, such as sports and clubs, and eating into already scarce family time. Parents also charged that they were being forced to act as teachers, helping their kids learn lessons not covered in school. "It's the teacher's job in the classroom, not the parents' job to come home and teach their kids," says Bolandi.

There were other reasons the district moved to de-emphasize homework. "Not every home in this country—and definitely not every home in my community—has parents who are capable of working with students on projects," says Bolandi. "Why shouldn't we be sensitive to that?" High-school students who had after-school jobs, extra-curricular activities and were also doing upward of three hours of homework a night were coming to school exhausted, says Bolandi, and often resorted to copying homework from others during the morning bus ride. "What's the message we're sending them?" asks Bolandi.

Well before the Piscataway decision, schools and districts across the nation, such as Earl Warren Middle School in affluent Solana Beach, California, had already put limited-homework policies quietly in place. Some schools adopted the ten-minutes-per-grade standard (for example, a second-grader would have no more than twenty minutes of homework) endorsed by the National PTA and the NEA, the nation's largest teacher's union. Explaining the limits in her school, Earl Warren's principal Margie Bulkin says, "We recognize that kids also do sports, take piano lessons, go to family gatherings—and they need to have time for those things."

Following the news from New Jersey, homework-choked parents, as well as teachers and school-board members from around the country, came out of the woodwork to request a copy of Piscataway's policy, Bolandi says, and to ask advice on how to put the brakes on homework in their districts.

Of course, Bolandi also heard from homework's defenders. Sharon Stumb, forty, a social worker in Atlanta and the mother of a daughter in sixth grade and a son in ninth, used to be distressed by *(continued on page 143)*



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(continued from page 140) how little homework her children got in their public schools, before she enrolled them in a private Episcopal school. Stumb believes their current homework load—about two hours a night for Maryanne and three hours for Paul—is not only reasonable, but also critically necessary.

"You can't cover everything you need to learn in a subject in a forty-five-minute period in school," says Stumb. Particularly in subjects like math and foreign languages, she says, "They need to practice and reinforce what they've learned in class." She'd rather see her children do lab work at school, instead of copying lists of scientific terms they could learn at home from a book. Plus, she believes homework breeds study skills and self-discipline, which they'll need all their lives, especially in college.

"Loading on hours of homework creates the appearance of rigor," says one expert. "It's school reform on the cheap"

Stumb disagrees that homework, even a lot, has to rob children of family or extracurricular time. Paul stays at school until a quarter past six for wrestling practice and also plays two musical instruments. Maryanne plays soccer and acts in school plays. Stumb, however, bans TV for her children from Sunday through Thursday nights. "Even half an hour a night would throw us off completely." And while she's sensitive to parents who can't help with homework, she thinks a solution is for teachers to be available before and after school.

So where does the truth lie? Are students really doing more homework? Are they learning more as a result? And will one more nine P.M. run to Staples for display board break the back of the American family? As with all issues in education, opinion is divided. A leading scholar on the efficacy of homework in the U.S., Harris Cooper, a University of Missouri psychology professor, believes that homework has not increased as much as some researchers claim. (These researchers often cite a University of Michigan study that found that children six to eight did three times as much homework in 1997 as their age group did in 1981.)

"It may be creeping up a bit," says Cooper. But he believes this is in response to the efforts of many states to establish a more rigorous curriculum and to hold schools accountable for their students' performance on standardized tests. More significant, he says, there's now a greater variation in the homework load from school to school. In districts where high-achieving, affluent parents are dead set on getting their kids into the best colleges, Cooper says, the homework load is the greatest.

Etta Kralovec, on the other hand, argues that homework generally has increased "by magnitudes" and furthermore, claims that no research supports the notion that it leads to better-educated students. "We've been looking at school-reform practices for years, and we know what works: pre-kindergarten, smaller class sizes, more resources for teachers in the classroom." But those reforms cost money, she argues, while it costs a school nothing to load on homework and create the appearance of rigor. "It's school reform on the cheap," says Kralovec.

But the days of no homework are unlikely to return. Many school advocates agree with Cooper's moderate approach. "All children should be doing homework," he says, but if they go over the ten-minute-per-grade standard, returns diminish. Homework for young children should be used to teach study skills and help them practice what they've learned (though not with forty multiplication problems when ten will do the trick). "As children grow older, homework can be used to supplement classroom activities by expecting that students can learn new material on their own, though that should be done gradually," advises Cooper.

Joyce L. Epstein, director of the Center on School, Family and Community Partnerships, in Baltimore, which works on strengthening home-school connections, suggests that if the U.S. is going to have a conversation about homework, it should be focused less on hours and more on effectiveness. "Time limits are easy, but good homework design is hard," she says. By Epstein's definition, bad homework is either busywork or puts the burden of teaching new material on parents. Good homework, she argues, can keep parents involved in their kids' learning.

Cooper agrees with Kralovec in one regard: Because American families have changed and grown more time-stressed in fundamental ways, the challenge of getting homework done will not diminish. He thinks a longer school day, where much of what is now homework gets done in school, may be at the end of this latest educational debate. But that could be years away.

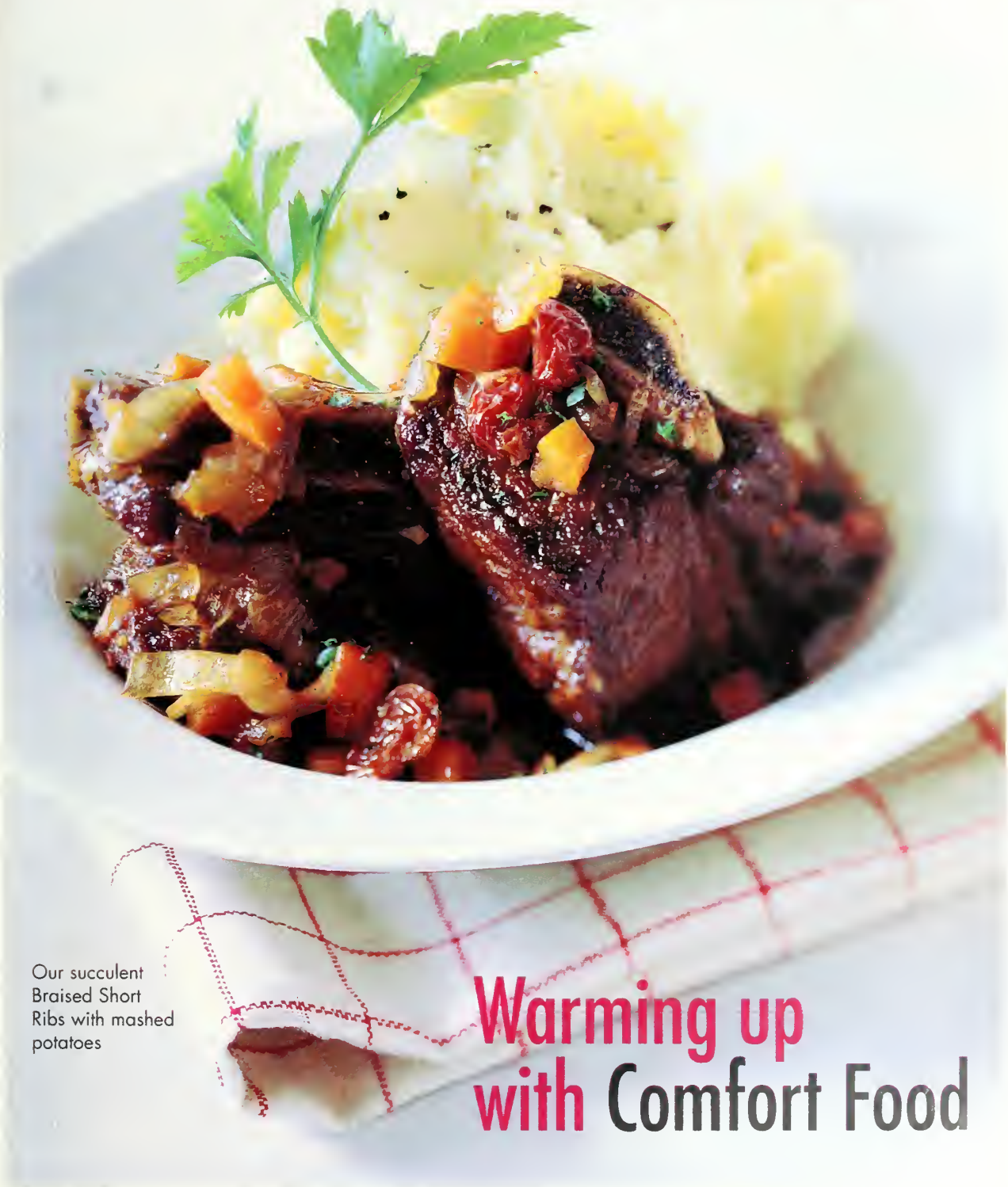
In the meantime, Ellen Brown, Ben and Josie's mother, will have another busy weekend: Josie has to produce a video on their county's historic sites for one of her sixth-grade teachers. As her mother says, "Someone has to drive her to all those places." ■

Susan Brenna is an Atlanta-based freelance writer who often reports on education.

Got a parenting opinion we should hear? Is there a topic you think we should cover? Write to us at lhj@mdp.com


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Food



Our succulent Braised Short Ribs with mashed potatoes

Warming up with Comfort Food

Hearty, simple (and, yes, a little indulgent!), these are the time-honored favorites that feed the spirit and the soul By Jan Turner Hazard



It takes just one skillet to whip up the filling and topping for this Tamale Pie

Comfort food goes hot and spicy to turn up the heat deliciously

BRAISED SHORT RIBS

Succulent beef short ribs, slowly simmered in red wine until fork-tender, may be the ultimate comfort food.

Prep time: 30 minutes
Cooking time: 2 hours 25 minutes

3 pounds bone-in beef short ribs, well trimmed of fat and cut into 3-inch lengths
¾ teaspoon salt, divided
¼ teaspoon freshly ground pepper
1 tablespoon olive oil
2 medium onions, halved and sliced
2 large carrots, diced
1 tablespoon minced garlic
1 can (14½ oz.) chicken broth
½ cup tart dried cherries
½ cup dry red wine
½ teaspoon thyme
1 bay leaf
1 tablespoon Dijon mustard
1 tablespoon prepared horseradish

1. Heat oven to 350°F. Sprinkle ribs with ½ teaspoon salt and pepper. Heat oil in a large Dutch oven over medium-high heat. Brown ribs on all sides. Set ribs aside; discard drippings in pot. Reduce heat to medium-low. Add onions, carrots and garlic and cook until softened, 10 minutes.
2. Return ribs to pot. Add broth, cherries, wine, thyme, bay leaf and remaining ¼ teaspoon salt. Bring to a boil and cover pot. Transfer to oven and bake ribs 2 hours, or until very tender and meat falls off the bone.
3. Transfer ribs to a large, deep serving platter and cover. Skim fat; discard bay leaf and any bones that have fallen off. If sauce is too thin, bring to a boil and cook 5 minutes to reduce slightly (you should have about 2½ cups). Whisk in mustard and horseradish. Pour sauce over ribs. Makes 6 servings.

Per serving: 280 calories, 14 g total fat, 5 g saturated fat, 57 mg cholesterol, 696 mg sodium, 18 g carbohydrates, 21 g protein, 39 mg calcium, 2 g fiber

TAMALE PIE

Here's a one-pan turkey-chili bake with fluffy cornmeal topping the whole family will love.

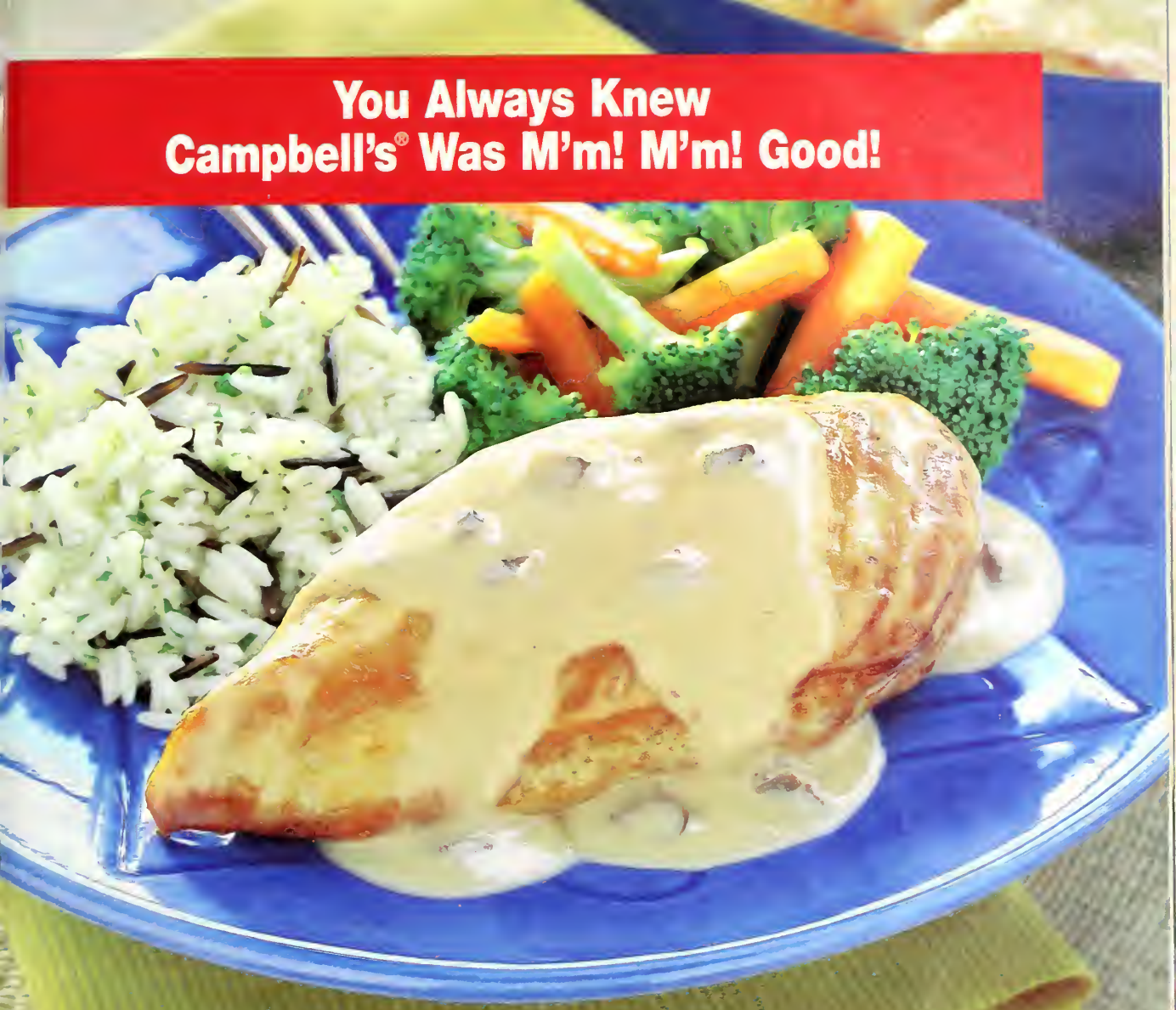
Prep time: 25 minutes
Cooking time: 50 minutes

1 pound ground turkey (a blend of dark and white meat)
1 large red bell pepper, chopped
1 medium red onion, chopped
2 tablespoons chili powder
2 teaspoons minced garlic
1½ teaspoons cumin
½ teaspoon salt
¼ teaspoon freshly ground pepper
1 can (14½ oz.) diced tomatoes in juice
1 can (15 oz.) pink or black beans, drained and rinsed
1 tablespoon minced pickled jalapeño

Topping:
2½ cups milk
¾ cup cornmeal
1 cup frozen whole kernel corn
½ teaspoon salt
1 large egg
1 cup shredded Cheddar cheese, divided
½ cup shredded jalapeño Jack cheese

1. Heat a 12-inch nonstick skillet over high heat. Add turkey, bell pepper and onion, and cook, stirring, until turkey is no longer pink and liquid evaporates, 7 to 8 minutes. Stir in chili powder, garlic, cumin, salt and pepper; cook 1 minute. Stir in tomatoes, beans and jalapeño. Cover and simmer 10 minutes, stirring occasionally. Spread into a shallow 3-quart baking dish; cover and set aside.
2. *Make topping:* Heat oven to 375°F. Wipe skillet; add milk and bring to a boil. Gradually whisk in cornmeal until smooth. *(continued)*

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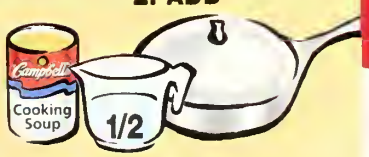
Prep/Cook Time: 20 Min. Serves 4.

1. BROWN



4 Boneless Chicken Breasts.

2. ADD



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(continued) Cook until thickened, stirring constantly, about 5 minutes. Stir in corn and salt. Remove from heat. Beat egg in a small bowl; stir in 1 cup cornmeal mixture. Return to skillet and stir until blended. Stir in ½ cup Cheddar cheese.

3. Uncover baking dish. Spoon cornmeal mixture by heaping tablespoonfuls on top of filling. Bake 15 minutes. Sprinkle topping with remaining ½ cup Cheddar and Jack cheeses. Bake pie 15 minutes more, until bubbly. Let stand 10 minutes. Makes 8 servings.

Per serving: 350 calories, 15.5 g total fat, 7 g saturated fat, 101 mg cholesterol, 734 mg sodium, 30 g carbohydrates, 23 g protein, 297 mg calcium, 4 g fiber

WINTER MINESTRONE

There are eight kinds of veggies (plus beans) in this soothing concoction. Simmer the mix with a piece of Parmesan rind for extra flavor.

Prep time: 45 minutes plus standing
Cooking time: 1 hour

Beans:
1 cup dried great Northern beans, picked over and rinsed
Water
1 teaspoon minced garlic
½ teaspoon thyme
½ teaspoon rosemary
½ teaspoon salt, divided
1 bay leaf

3 tablespoons olive oil, divided
2 large carrots, chopped
1 large onion, chopped
1 large celery rib, diced
2 teaspoons minced garlic
1½ teaspoons salt, divided
½ teaspoon freshly ground pepper
1 pound butternut squash, peeled, seeded and cut into ¾-inch chunks
½ pound green beans, trimmed and cut into ¾-inch pieces
4 cups thinly sliced green cabbage
3 cans (14½ oz. each) chicken broth
1 quart water
1 (3x4-inch) piece Parmesan cheese rind, optional
2 medium zucchini, quartered lengthwise and sliced
½ head cauliflower, cut into florets
1 can (14½ oz.) whole tomatoes in juice, drained and chopped
4 slices sourdough bread
½ cup freshly grated Parmesan cheese



Serve Winter Minestrone with cheese toasts to soak up all the fabulous flavor

1. *Make beans:* Bring beans and enough cold water to cover by one inch to a boil in a large Dutch oven. Remove from heat; cover and let stand 1 hour. Drain beans; return to pot and cover with two inches cold water. Add remaining ingredients. Bring to a boil; reduce heat and simmer, covered, 30 minutes. Drain beans; remove bay leaf and set aside.

2. Heat 2 tablespoons oil in same pot. Add carrots, onion, celery, garlic, ½ teaspoon salt and pepper and cook until vegetables soften, about 8 minutes. Add drained beans, squash, green beans, cabbage, broth, water, Parmesan rind and remaining 1 teaspoon salt. Bring to a boil; then simmer, partially covered, 30 minutes.

3. Stir in zucchini and cauliflower. Return to a boil; reduce heat and simmer, partially covered, 20 minutes, until beans and vegetables are tender. Add tomatoes and cook 10 minutes. Discard Parmesan rind. Transfer 2 cups soup, one cup at a time, to a blender and puree; return to pot.

4. Heat oven to 375°F. Brush bread with remaining 1 tablespoon oil; arrange on a cookie sheet. Sprinkle with Parmesan. Bake until toasted, 15 to 18 minutes. Cut each piece in half and serve with soup. Makes 8 servings.

Per serving: 285 calories, 9 g total fat, 2.5 g saturated fat, 5 mg cholesterol, 1,546 mg sodium, 41 g carbohydrates, 13 g protein, 222 mg calcium, 13 g fiber

(continued)



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CHICKEN AND DUMPLINGS

It's the best chicken stew you'll ever taste, with a bonus a batch of tender parsley dumplings on top.

Prep time: 30 minutes
Cooking time: 1 hour

1 3½-pound whole chicken, cut into 8 pieces and skin removed
1 teaspoon salt, divided
½ teaspoon pepper, divided
½ cup all-purpose flour
1 teaspoon poultry seasoning, divided
2 tablespoons olive oil
2 large leeks, trimmed and sliced
1 small onion, chopped
1 can (14½ oz.) chicken broth
4 carrots, sliced
2 large celery ribs, diced
1 cup frozen green peas

Dumplings:
1½ cups all-purpose flour
2 tablespoons chopped fresh parsley
2 teaspoons baking powder
½ teaspoon salt
1 cup half-and-half cream

1. Sprinkle chicken with ½ teaspoon salt and ¼ teaspoo pepper. Shake flour, ½ teaspoon poultry seasoning an chicken in a bag to coat.
2. Heat oil in a Dutch oven over medium-high heat. Ad half the chicken; reduce heat to medium and cook until wel browned. Set aside. Repeat with remaining chicken. Dis card drippings. Cook leeks and onion until softened, 5 min utes. Add enough water to broth to equal 2½ cups; pou


Chicken and Dumplings

ıo pot. Add chicken, carrots and cel-
, remaining ½ teaspoon *each* salt
ıd poultry seasoning and ¼ teaspoon
pper. Bring to a boil; reduce heat
d simmer, covered, 30 minutes, until
icken is tender. Stir in peas.
Dumplings: Combine flour, parsley,
king powder and salt. Add cream;
r until dough is moistened. Drop
heaping tablespoons of dough into
t. Cover and simmer 12 minutes,
til a toothpick inserted in dumpling
mes out clean. Makes 4 servings.

serving: 725 calories, 21.5 g total fat, 7 g saturated
, 156 mg cholesterol, 1,830 mg sodium, 77 g carbo-
drates, 54 g protein, 323 mg calcium, 7 g fiber

EATLOAF WITH ROASTED OMATO SAUCE

oasting canned tomatoes is the trick to
iis flavorful sauce. Better yet, there's
o pot to fuss with—it's all done in the
ven while the meatloaf bakes!

rep time: 15 minutes
aking time: 70 minutes

tablespoon olive oil
cup chopped onions



Meatloaf with Roasted Tomato Sauce

½ cup chopped celery
2 teaspoons chopped garlic
1 teaspoon salt, divided
1 tablespoon chopped fresh parsley
2¾ pounds unseasoned meatloaf mix
¾ cup fresh breadcrumbs
⅓ cup ketchup
2 large eggs
¼ teaspoon nutmeg
4 slices bacon

Sauce:
1 can (28 oz.) plum tomatoes in juice
1 tablespoon olive oil
1 large garlic clove, chopped
¼ teaspoon salt
¼ teaspoon red pepper flakes

1. Heat oven to 350°F. Heat oil in a large skillet over medium heat. Add onions, celery and garlic, and cook until vegetables soften, 5 minutes. Stir in ½ teaspoon salt and parsley. Remove from heat; cool.
2. Combine ground meat, breadcrumbs, ketchup, eggs, remaining ½ teaspoon salt, nutmeg and vegetables until blended. Transfer mixture to a shallow pan; shape into a 9½x5-inch oval. Arrange bacon slices on top. Bake 70 minutes, until meat thermometer inserted in center registers 160°F.
3. *Make sauce:* Meanwhile, combine all ingredients in a 9-inch glass baking dish, breaking up tomatoes with spoon. Bake on lower rack with meatloaf until sauce thickens, 35 to 40 minutes. Serve with meatloaf. Makes 6 servings. ■

Per serving: 610 calories, 41.5 g total fat, 14.5 g saturated fat, 226 mg cholesterol, 1,124 mg sodium, 16 g carbohydrates, 42 g protein, 90 mg calcium, 2 g fiber

Recipes by Jane Yagoda-Goodman and Sarah Reynolds



(continued from page 128) had kept [it] told me he thought something was going on," says Cathy. She explained her suspicions to Jim and Roberts. "I won't even consider a settlement until there's a recall of those tires," she insisted.

That November, Roberts had his first inkling that Cathy might be on to something. At his request, Dick Baumgardner, a consultant who'd worked for Firestone for twenty-seven years, examined the tire and pronounced it defective. "I have more of these tires in my office, all with the same problem," Baumgardner told Roberts.

What made the defect even more dangerous, Baumgardner explained, was that Explorers, like other SUVs, have a high center of gravity and are less stable than cars. "It's a deadly combination," he said. "Even a professional driver would have lost it."

Roberts began posting bulletins in legal journals, asking for information on similar cases. "From that time on, I started getting about one call a week from across the country," he says. "Same tires, same problem."



Cathy decorated Jessica's grave with angels and flowers

Meanwhile, Ford was quietly fielding complaints about Firestone Radial ATX tires on Explorers in Venezuela, Colombia and Ecuador. By March 1999—at the same time Roberts filed the Taylors' lawsuit against Firestone and Ford—the tire company had amassed hundreds of complaints about the tires.

Roberts says he included Ford in the lawsuit for a number of reasons, including the company's selection of Firestone ATX tires for the Explorer. "Ford also had a hand in the design of this tire," he says. "And we believe they should have known about the tire's failures and issued a warning well before Jessica died."

That June—as Ford replaced Firestone ATX tires in Saudi Arabia after reports of tread separations tied some of the tires to deaths—Roberts filed his first request that the tire giant supply him with documents concerning all complaints, lawsuits and confidential testimony involving Radial ATX tires. Firestone turned over documents on only one lawsuit.

In late November, the Taylors' case took a dramatic turn. Roberts and the Firestone attorney appeared before the presiding judge, who ruled that Firestone had to turn over all consumer complaints, lawsuits and confidential employee testimony on Firestone Radial ATX tires.

That afternoon, Jim called Cathy with the good news. But "I wasn't getting excited until those tires were off the road," she says.

Cathy began approaching strangers who drove Explorers with Firestone tires. "I told them about the problem with the tires, but they didn't believe me," she says. "I'm sure most of them thought I was crazy."

Last February, Cathy got the opportunity to make her suspicions public. Anna Werner, a reporter from Houston TV station KHOU, came across the Taylor case as well as thirty others involving Explorers and Firestone ATX tires. The Taylors agreed to give her an interview.

That same month, Firestone finally delivered ten thousand documents to Roberts' doorstep. Almost immediately, Roberts sensed a change in Firestone's attitude. The company's attorneys contacted him, asking how much money the Taylors wanted to settle their suit.

But "once we settled, we had to return the documents," says Roberts. "We wanted to get the story out."

As he read through the Firestone files he made a startling discovery: "eleven hundred and ninety-six complaints and fifty-seven lawsuits, all involving those tires," says Roberts. He'd also discovered a pattern with the crashes. Almost all happened on highways in hot weather.

To Jim, the complaints and lawsuits meant that Firestone had to have known that the tires were unsafe. "I felt like someone had murdered my child," he says.

"How dare they do this to people?" asks Cathy. "The anger was overwhelming."

MAKING A DIFFERENCE

"That's when I first understood what was happening," says Jim. "That people were dying for no good reason."

But there was one problem: Because Firestone claimed the documents contained trade secrets, the judge had restricted Roberts from sharing the documents with anyone else. There was no way he could make his discovery public.

On May 2, 2000, NHTSA finally announced a formal investigation of Radial ATX, ATXII and Wilderness AT tires. Wanting more than ever to expose what Firestone had done, Roberts petitioned the judge to allow him to share the documents with attorneys working on similar cases. *(continued)*

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FIRESTONE
Continued

The judge agreed. The next day, Roberts sent out packets of information across the country. "I couldn't leak the documents to the press, but I knew another attorney might," says Roberts. He was right.

NHTSA called Roberts, asking for information. On July 28, he turned over copies of the fifty-seven lawsuits to the agency.

Cathy was eating lunch on August 9, when she saw a photo of an Explorer and a shredded Firestone tire on the TV news. "Today, Bridgestone/Firestone has announced a massive recall of 6.5 million Radial ATX, ATXII and Wilderness tires," announced the TV reporter.

Cathy began to cry. "It had been so long in coming," she says. "Part of me couldn't believe it was actually happening."

Weeks after the announcement, the Taylors received a formal notice from Firestone, informing them of the recall. Jim wrote back: "Your letter is too late. . . . My daughter, Jessica LeAnn Taylor, died October 16, 1998, from injuries received from an accident involving your tires. Jessica was fourteen years, twenty-two days old." (Firestone later sent him a sympathy letter.)

As he watched last summer's Congressional hearings on the tire recall, Jim found himself getting angrier at Firestone and Ford. "My daughter would still be alive now if those people had a conscience," he says. "They didn't give a damn about anything but the dollar."

Christine Karbowiak, vice president of public relations for Bridgestone/Firestone says the company acted swiftly to voluntarily recall the tires once they had clear evidence "of the number and severity of the claims. What we're focusing on now is a combination of factors," she adds. In addition to tire failure, Firestone is looking at the possibility that driver error, poor maintenance and the design of the Explorer may have contributed to accidents.

While Firestone questions the role of the Explorer, Ford spokesperson Susan Krusel insists the SUVs are among the safest vehicles on the road. "The tire involved in the Taylor accident was one with which Firestone has acknowledged having problems. It's included in the recall," she says.

In the wake of the Congressional hearings, President Bill Clinton signed what's known as the TREAD bill. It requires car and auto-equipment manufacturers to report all recalls in other countries to the secretary of transportation and notify the government of claims submitted for injuries and deaths in the U.S. and overseas.

As for the Taylors, their lawsuit against Firestone and Ford is expected to go to trial in spring of this year. "I don't really care about the money. I just want them to pay," says Cathy. "What's so sad is that the only way to make them pay is with money."

"I believe Jessica led me, helped me know what to do and what to say," Cathy adds quietly. "I know that getting the tires off the road is what our daughter would want. She wouldn't want any other family to go through what we have." ■

Kathryn Casey is a contributing editor of Ladies' Home Journal. Her latest book is "A Warrant to Kill" (Avon, 2000).

Are your tires safe?

The Firestone tires included in the August recall are: Firestone P235/75R15 ATX and ATXII tires manufactured since 1991, and P235/75R15 Wilderness AT tires manufactured at Firestone's plant in Decatur, Illinois, since 1996.

While Firestone says its tires currently on the road are safe, the National Highway Traffic Safety Administration (NHTSA) issued a consumer advisory in September that the rate of tread separations on some other Firestone tire models and sizes exceed the rate on the recalled tires. The advisory and a complete list of recalled tires are available at *www.nhtsa.dot.gov*.

What's the best thing consumers can do? Inspect your tires for damage at least once a month and make sure that they are inflated to the manufacturer's specifications.

THE ENVY EPIDEMIC
Continued from page 125

ago, it would have been enough
be a middle manager with a thr
bedroom home and maybe a wi
screen TV. Today, if you're n
pulling down a salary near the six-f
ure mark and vacationing in Tuscar
it's easy to feel that you haven't tru
made it. The midpriced car y
thought was so fabulous wh
you bought it two years ago nc
looks chintzy next to the Range Rov
in your neighbor's garage.

"We just built a lovely four-be
room house, and I thought, Life car
get any better than this," says Giova
niello. "Then my husband start
pointing out the new homes going
around us that were bigger. Every tir
you reach a certain level, you reali
you want to be a step above."

News of a looming recession, e
perts say, is making the envy worse.
you haven't already made a killing
the stock market, you might feel th
you may *never* get your Lexus.

Difficult, too, is the feeling th
wealth is being arbitrarily meted ou
"Today almost anybody can be a mi
lionaire, so people have this feeling c
'If it can be anyone, why isn't
me?'" says Jessie H. O'Neill, M.A.,
licensed therapist, in Milwaukee, ar
the author of *The Golden Ghetto* (A
fluenza Project).

When your neighbors have the toy
you're craving, it's hard not to wor
der whether you'd be in their positio
if you'd made different choices. Car
Shipaila, thirty-two, of Wyoming
Michigan, chose at-home motherhoo
over a career and knows this was th
best choice for her. Still, she admit
to occasional pangs of envy whe
she thinks of one of her older broth
ers, who has a lucrative job in auto
motive manufacturing.

"He and my sister-in-law have
$500,000 house," she says. "They an
their daughter go to Florida, the Gran
Canyon or wherever they want.
think, You know, I could have ha
that. I wouldn't change my life [t
work outside the home] if
could, but my husband works tw
jobs—as a computer *(continued*

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technician and a package loader—and we still scrounge to pay tuition for Catholic school."

What causes people to begrudge their friends' and neighbors' good fortune? In part, it's because they're not living up to their own expectations. "People are unhappy when there's a discrepancy between what they want and what they have," says Robert Bringle, Ph.D., a psychology professor at Indiana University–Purdue University, Indianapolis. "And the bigger that discrepancy, the bigger the problems for adjustment."

We tend to be more resentful of those who achieve more in less time and with seemingly less effort. It's easier to grumble about a recent college graduate getting an $80,000 job than it is to envy a CEO who started off as an administrative assistant.

In addition, we're more likely to envy those similar to us in some way, such as peers or people in the same profession, says Bringle. Which may explain why we feel more jealous of a successful neighbor or officemate than of, say, Bill Gates.

Part of the blame can also be pin on our society's pervasive message wealth equals happiness. "We hav preoccupation with external poss sions because we've lost a lot of 'internals'—rituals like family din and spiritual traditions," says O'N "These things have fallen by the w side as men and women have sta working longer hours, thinking tha they have just a little bit more, the be happy. We've become a nation v a 'never enough' mentality. When feel emotionally insecure, that tra lates into 'I need more money.'"

This attitude of deprivation m also be a generational reaction. In fifties and sixties, women were pushed to achieve or acquire. Ea marriage and motherhood were norm, and a job was either a neces or a personal calling.

But as the women's movem spurred changes in the workpla choices increased. "This is the fi generation [of women] with sign cantly more opportunities," sa Steven Reiss, Ph.D., author of *W Am I? The Sixteen Basic Desi* (Tarcher/Putnam). "Women are complishing more, but *(continu*

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maybe achievement was oversold to them. They may have been led to think that it was going to make them happier or more fulfilled than it does, or that they were going to do much better than they are. But it doesn't always work that way."

"The challenges to this age group keep increasing, says Sharon Teitelbaum, a Boston-based career counselor. "These women have enormous expectations of themselves to balance work and family masterfully."

Only now are women realizing that something has to give. It's almost impossible to earn enough to buy the finer things in life without sacrificing important things, such as family time.

Defeating the Green-eyed Monster

How do you conquer the craving to keep up with the Joneses? Well, it might help to keep in mind that the well-off aren't necessarily more content. Only 19 percent of women ages thirty-one to forty called themselves "very" or "extremely" happy, compared with 47 percent of men, in a recent study of working people conducted by corporate consultants Rick Foster and Greg Hicks, authors of *How We Choose to Be Happy* (Putnam, 1999). Thirty percent of female managers called themselves unhappy. Most significant, income had no bearing on the workers' happiness level.

Everyone is born with a "happiness set point," a level of joy at which we stay for most of our lives, says David Lykken, Ph.D., professor emeritus of psychology at the University of Minnesota. Getting the fancy house or SUV can raise our level of contentment beyond the set point—but only temporarily. After about six months, our joy gradually diminishes until we're back to where we were. According to his theory, even that neighbor with the new boat will soon be hungering for something else.

The key, says Lykken, is to look for modest joys that can satisfy you on a more regular basis. "For some, that might mean volunteer work; for others, it might be playing golf."

Corny as it sounds, counting your blessings can redefine your idea of wealth. Though Carri Shipaila admires her brother's trappings of success, she doesn't think the trade-off would be worth it. "I wish we had the nice cars, the big house, whatever the kids wanted," she says. "But then I think what they'd want most is having me there all the time."

For Theresa Giovanniello, talking to friends who also work in low-paying but satisfying service professions, such as teaching, gives her inner peace. "We realize that perhaps our homes and cars aren't what we'd choose, but what's so rewarding is the type of work we do," she says. "It's my job, along with my family, friends and faith that give my life real meaning." ■

Shana Aborn is a senior editor at Ladies' Home Journal. Additional reporting by Lynn Schnurnberger.

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Sisterly Love

Twins Kari Krumwiede and Kathi Nordgaard had always shared an identity. But a freak camping accident changed their lives forever

Growing up in Wahpeton, North Dakota, Kari and Kathi were inseparable. After college, the identical twins roomed together in Fargo, where they double-dated their future husbands—also roommates. Several years later, now living miles apart, Kathi and Kari both learned they were expecting. "We had different doctors in different states who predicted the same due date," says Kathi, who ultimately gave birth seventeen days before her sister.

BUT ON A CAMPING TRIP IN 1994, their parallel lives were shattered. The day was clear and calm, yet a tree fell and struck Kari, paralyzing her from the waist down. "Finding out Kari would never walk again sent tingles through my body," says Kathi. "I kept asking, 'Why her—not me?' "

Bonded by sisterly love, the twins confronted the emotional trauma together. "Kathi didn't see me as disabled. Instead, she asked for a wheelchair to pop wheelies with me," says Kari. "To her, nothing had changed. She always knew what I needed."

Today, their relationship is stronger than ever. Kari and Kathi, thirty-seven, now live only a short distance apart in South Dakota, where they lecture about triumphing in the face of adversity. A substitute teacher and former coach of her son's basketball team, Kari loves to snowmobile with her four adolescent sons. "In so many ways, Kari is still the same person who used to water-ski in her hot-pink bikini," says Kathi, also a teacher and mother of two. "She has truly risen to life's challenge." —*Melinda Leader*

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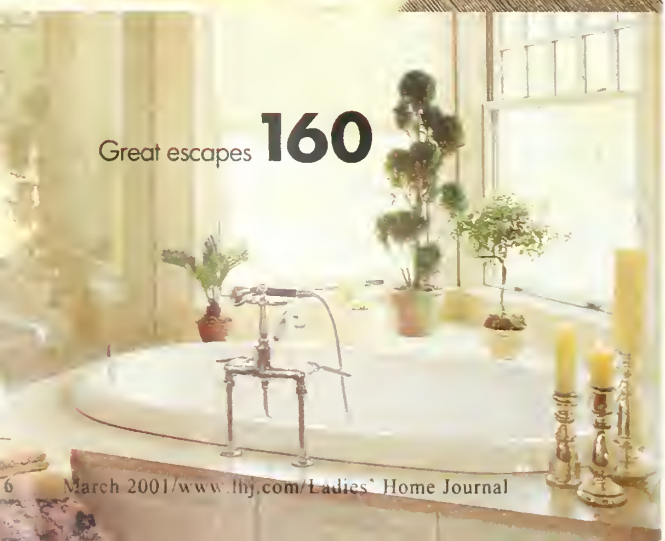
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PHOTOS, FROM TOP: ISABEL GARCIA, BEATRIZ DA COSTA, JENNIFER LÉVY.
LADIES' HOME JOURNAL® (ISSN 0023-7124) MARCH 2001 VOL. CXVII NO. 2 PUBLISHED MONTHLY BY MEREDITH



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Have you noticed that there are lots of fast, new ways you can tell us what you think about the features in *Ladies' Home Journal*? First of all, there is our Letters/Rant column (page 12), where you can share your views, pro or con, about any article in an issue.

On this page, too, is the "rant or rave" box where you can slam what annoys you or share your enthusiasms. My current rant is those telephone pollsters who always manage to call just as you've ladled the sauce on the pasta and are ready to pass the Parmesan. They swear they're not selling anything and all they want is your opinion. Since I always seem to have an opinion on practically everything, it is *almost* as annoying having to hang up as it is getting the call in the first place!

We also ask you to tell us what you think at the end of several stories, including, "The Secret Sex Lives of Kids," on page 156. This report may surprise and even shock you—it shocked some of us—but it is an article that parents of preteens, especially, need to read.

Another way to stay up close and personal with LHJ is to log on to our Web site. Our address, *www.lhj.com*, is now on the bottom of every one of the magazine's pages. During the past month, we've relaunched our site. It is easier to navigate and, as they say in the Internet world, chock-full of interesting content, including one thousand recipes from the LHJ kitchen; an entertainment section featuring interviews with and profiles of your favorite celebrities; a personalized Fitness Center that lets you design your own diet and workout to best suit your needs; and a cyber version of everybody's favorite *Journal* feature, "Can This Marriage Be Saved?"

So let us know what you think about the magazine and the Web site. Yes, we want to hear from you.

E-mail me at myrna@mdp.com

Editor-in-Chief Myrna Blyth and Editor Sarah Mahoney will alternate writing this column.


liz claiborne

contributors



LISA COLLIER COOL

"I was shocked to learn that kids are taking such huge risks with their lives," says Cool, whose candid interviews with young teens in "The Secret Sex Lives of Kids" (page 156) expose some alarming truths about sexual experimentation among those barely past puberty. "There is a definite self-esteem issue here—these kids are going to great lengths to be accepted by their peers."

ISABEL SNYDER



"Extraordinarily lovable!" That's how Los Angeles–based freelance photographer Isabel Snyder describes cover girl Geena Davis, whom she shot for "Geena Takes Charge" (page 152). A native of Switzerland, Snyder has photographed for *Vogue*, *Vanity Fair*, *GQ* and *Rolling Stone*.



BILL HIGGINS

After covering the Hollywood circuit for the past 15 years, Higgins, who writes for *Variety*, has perfected the art of interviewing. "Geena Davis would rather talk about archery than herself," says Higgins, who interviewed the actress for "Geena Takes Charge" (page 152). "It's hard to get stars to talk about their private lives."

REBECCA GIBBON

This London-based illustrator, whose artwork appears in "What Husbands Are Good For" (page 40), says her own life inspires her work. "Since my husband and I are in the same profession, we learn a lot from listening to each other," says Gibbon. "That's an important part of any marriage."





ISABEL GARCIA AND IVONNE FROWEIN

"We wanted to set a happy tone, so we used bright colors and bold prints," says Brazilian-born freelance photographer Garcia, who, along with stylist Frowein, blended art and fashion to bring you the season's hottest looks in "Spring Break" (page 139).

LADIES' HOME JOURNAL®

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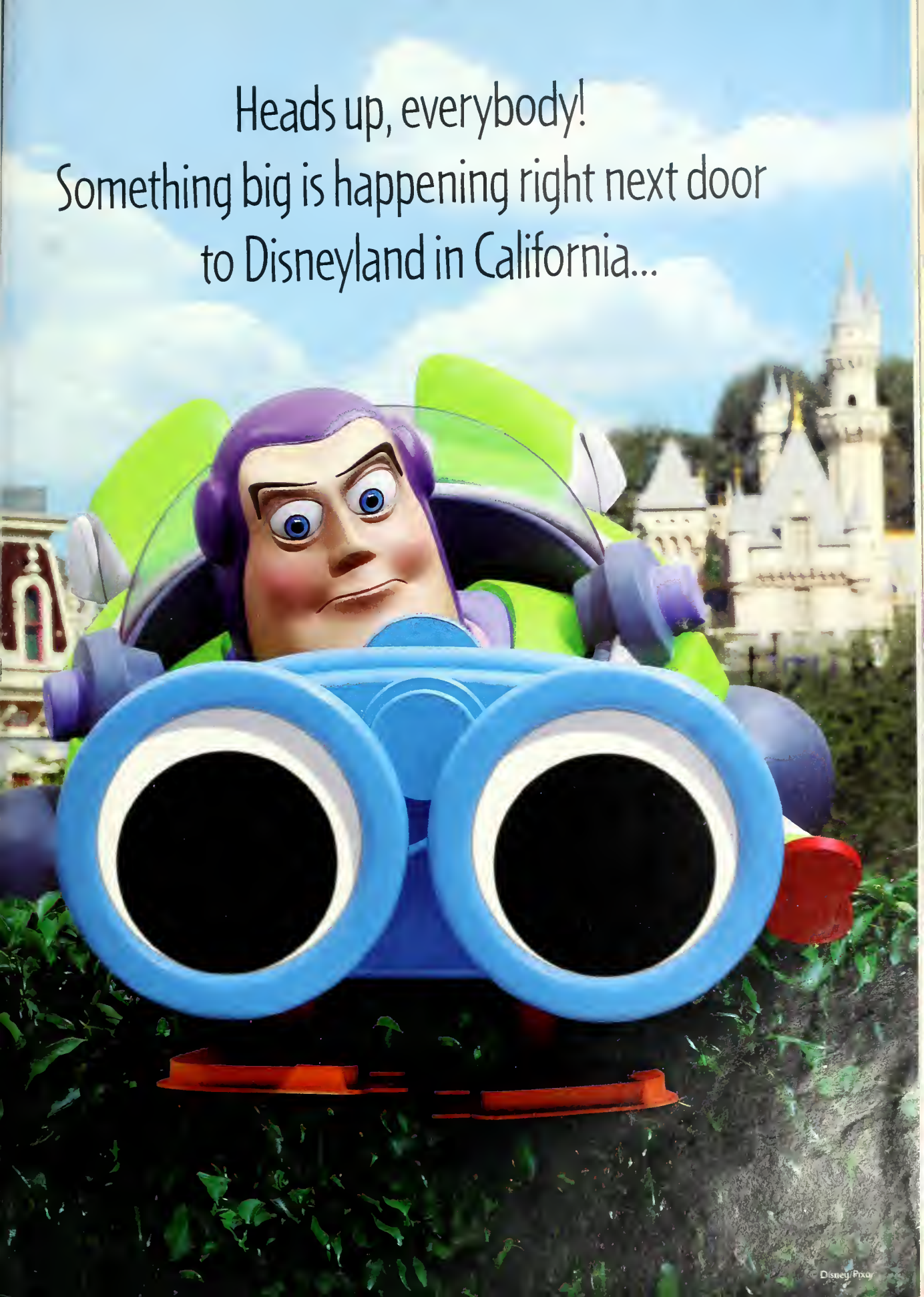
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MPA

Heads up, everybody!
Something big is happening right next door
to Disneyland in California...



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your letters

The Other Side of Adoption

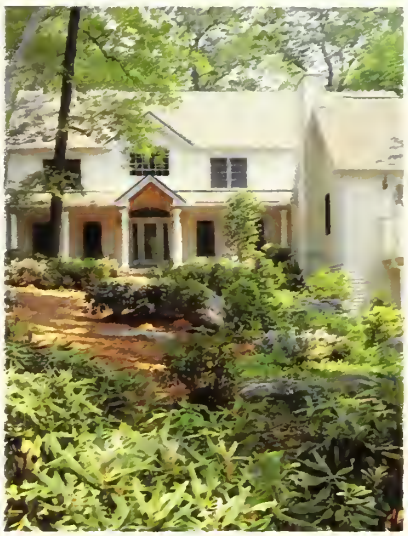
Re "Rosie's Kids" (November): It's great that Rosie O'Donnell can adopt three babies while the rest of us struggle with the enormous cost of the adoption process. My husband and I make a decent living, but we could never save the $15,000 to $35,000 it takes to adopt. I see nothing wrong with paying the medical bills of the birth mothers and their babies, but I don't feel that I should have to pay any other expenses.
Jenny Garcia, Manhattan, Kansas

After reading your November story about Rosie O'Donnell, I am a little disappointed and saddened. Call me old-fashioned, but I believe that children need two parents. I'm sure Rosie can provide a loving, nurturing home for her children, but all the money in the world will not replace a mother or father. I'm also disappointed in a system that allows a single man or woman to adopt a child when so many good couples are still waiting.
Stephanie McNerney, Kansas City, Missouri

Crafty Story

Melinda Marshall's article "Martha Stewart—Not!" (November) was hysterical! You blessed me with several hearty laughs, not only at the images you created, but at myself. I, too, am the black sheep of a very creative family. Thank the Lord that we can laugh at our lack of abilities in this area. The "I Don't Iron" and "Making It Yourself Never Saves Money" sections were incredibly funny and my reality. You have touched my life with laughter, Melinda, and I appreciate your gift.
Carole Thomas, Imperial, California

I appreciate Melinda Marshall's humor and her frustration regarding time and materials. But I do not appreciate her attitude toward Martha Stewart. She has worked hard to get where she is. I don't want my daughter to feel that when women do become successful, they become something less.
Sherilyn Goldammer, Sioux Falls, South Dakota



Updated: The house that LHJ built twice

Fixer-upper

I loved "The House that Ladies' Home Journal Built Twice" (November). What wonderful ideas! Our house is about thirty years old and needs some updating. Everyone who walks in loves the charm and the backyard. We are located in a wonderful family community close to the schools and shopping. Thanks for helping me see that we just need a few changes to bring our house into the twenty-first century.
Teri Twilling, Portage, Michigan

Dr. LHJ

My husband and I read and discussed "Sexual Healing" (November), and we both felt it would make the sexual side of our marriage better and our relationship even closer. Trying the advice in these articles costs a lot less than counseling!
Brenda R. Moore, Myrtle Beach, South Carolina

Diversity Lesson

There were some beautiful photos in your beauty feature "Like Mother, Like Daughter" (November), but what caught my eye was that there was not one set of black mother/daughter pictures in the group. How could you make such a grossly insensitive oversight? I am the mother of a beautiful black daughter, and it offends me that any magazine in this day and age would not be more inclusive of the minority population of this country.
Kathy Johnson, Jackson, Mississippi

rants & raves

Memo to TV meteorologists: Stop the hype! We're tired of hearing every snowfall ominously declared to be a Major Weather Crisis, especially when all we get is a light dusting that wouldn't keep even Hawaiian kids out of school. Doesn't all of your sophisticated high-tech equipment help you tell a flake from a blizzard? All we want is an accurate weather forecast—which is hard enough to come by.

—Margot Gilman

Your Chance to Sound Off: Articles Editor Margot Gilman is fed up with inaccurate weather forecasts. What's on your mind? Send your rants and raves—and your comments about our stories—to **Letters**, Ladies' Home Journal, 125 Park Avenue, New York, NY 10017, or send an **e-mail** to: lhj@mdp.com. If you want your letter to be considered for publication, please include your name, address and daytime phone number. Letters may be edited for space.

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FINE WRINKLES? BROWN SPOTS? ROUGHNESS?

ASK YOUR DERMATOLOGIST ABOUT RENOVA®, FROM THE MAKERS OF RETIN-A.

RENOVA, WITH A TOTAL SKIN CARE PROGRAM, WORKS.

When sunscreens and moisturizers are not enough, ask your doctors about adding RENOVA. RENOVA is unlike any cosmetic wrinkle cream. It is a prescription cream that is proven to work when used in combination with a total skin care program including sunscreens and protective clothing.

Because RENOVA is a prescription cream, you won't find it on any cosmetic shelf, you'll need to see your doctor. And while it won't work overnight, it can work for you.

HOW RENOVA AND RETIN-A ARE THE SAME. AND DIFFERENT.

RENOVA is a rich emollient cream whose active ingredient is a vitamin A derivative like the one naturally occurring in your body. It's called Tretinoin. The same active ingredient in RETIN-A.

But while RETIN-A is formulated for acne-prone skin, RENOVA is a rich emollient cream developed to treat fine wrinkles, brown spots, and surface texture. Leaving your skin with a softer, smoother texture. While not fully understood, researchers believe RENOVA works in the skin to reduce these signs of sun damage.

Like other prescription medications, RENOVA has been tested for safety and effectiveness. While it will *not* eliminate wrinkles, repair sun damaged skin or reverse the aging process, it is proven to *reduce* fine wrinkles, *fade* brown spots, and *smooth* roughness.

When you use RENOVA, you can expect to experience some redness, itching, or flaking. This is most often mild, and most common when treatment is started. When using RENOVA, or any cosmetic wrinkle cream, you should limit exposure to the sun and always use a sunscreen.

RENOVA is not appropriate for everyone, so talk to your doctor if you are on other medications, pregnant or nursing. See attached information for further explanation on who should or should not use RENOVA. RENOVA is a skin irritant. Results of use beyond 48 weeks have not been established in controlled clinical trials. Clinical trials in those over 50 or with moderately or heavily pigmented skin have not been conducted.

Call today for your FREE information kit and $5 savings.

1-800-64-RENOVA

www.tryrenova.com

FINE WRINKLES

BEFORE



AFTER



All before-after photographs are completely unretouched. Results are after 24 weeks treatment with Renova and a total skin care program, including sun protection. Photo represents minimal improvement. 64% of patients experienced either minimal(40%) or moderate(24%) improvement. 36% experienced no improvement.

BROWN SPOTS

BEFORE



AFTER



All before-after photographs are completely unretouched. Results are after 24 weeks treatment with Renova and a total skin care program, including sun protection. Photo represents moderate improvement. 65% of patients experienced either moderate(38%) or minimal(27%) improvement. 35% experienced no improvement.

See following page for important information. ***© OPC 2001 04DD3086R***

RENOVA®

(tretinoin emollient cream) 0.05%



RENOVA®
(TRETINOIN EMOLLIENT CREAM)
0.05%

RENOVA® (re-NO-vah)
Generic Name: Tretinoin Emollient Cream (0.05%)
FOR TOPICAL USE ON THE FACE ONLY

Patient Information

What is the Most Important Information about RENOVA?

RENOVA is a serious medication. It does not eliminate wrinkles or repair sun-damaged skin. It may help treat fine wrinkles, spotty discoloration, and rough feeling skin, but it does not "cure" these conditions. RENOVA should only be used under supervision of your health care provider as part of a broad skin care program. This program should include avoiding direct sunlight (by using protective clothing and sunscreens with a minimum SPF of 15) and using other moisturizing facial creams that do not contain tretinoin.

You should use RENOVA only at bedtime. Do not use drying skin care products. Use the smallest amount of RENOVA needed and avoid getting it in your eyes, ears, nose or mouth.

WARNING: Do not use RENOVA if you are pregnant or attempting to become pregnant. Avoid sunlight and any other medicines that may increase your sensitivity to sunlight (see below).

RENOVA has not been studied in people who are over 50 years of age or in people with moderately or darkly pigmented skin.

What is RENOVA?
(WHAT CAN I EXPECT FROM RENOVA?)

RENOVA is a serious medication that may help treat but will not "cure" fine wrinkles, spotty skin discoloration, and rough feeling skin.

Studies show that after 24 weeks, about 30% of the people who used RENOVA for fine wrinkles or spotty discoloration had moderate improvement, another 35% had minimal improvement and 35% had no improvement. About 16% of the people who used RENOVA for rough skin had moderate improvement, 35% had minimal improvement, and 49% had no improvement. There is no evidence that RENOVA treats coarse skin, deep wrinkles, yellowing skin, or other skin care problems.

RENOVA should be used as part of a broad skin care program. This program should include avoiding direct sunlight (by using protective clothing and sunscreens with a minimum SPF of 15) and using other moisturizing facial creams that do not contain tretinoin. Many people can achieve desired effects by using this program without using RENOVA. You should not use RENOVA until you have tried a broad skin treatment program without RENOVA.

When you use RENOVA, improvement in fine wrinkling, spotty skin discoloration and rough skin is not immediate and occurs gradually over time. Generally, you may notice some effects in 3 to 4 months. The effects are usually most noticeable at about 6 months with little additional improvement after that time. If RENOVA treatment is stopped, the improvement will gradually diminish.

The safety of using RENOVA daily for more than 48 weeks has not been established.

Who Should Not Use RENOVA?

You should not use RENOVA if you are sunburned or highly sensitive to the sun, if you have eczema, or if your skin is irritated. RENOVA can cause increased skin irritation and increased susceptibility to sunburn.

Since RENOVA may make your skin more sensitive to sunlight, you should tell your health care professional if you are also using other medicines that increase sensitivity to sunlight because you should not be using RENOVA with these medicines. These include but are not limited to: thiazides (used to treat high blood pressure), tetracyclines, fluoroquinolones or sulfonamides (used to treat infection), and phenothiazines (used to treat serious emotional problems). If you are taking any prescription medicines, non-prescription medicines or using any facial creams, check with a health care professional to make sure they do not interact with RENOVA.

Pregnancy Warning: Safe use during pregnancy has not been shown. There are reports of birth defects with laboratory animals and humans that were given tretinoin by mouth. You should not use RENOVA if you are pregnant or trying to become pregnant.

It is not known if RENOVA is passed to infants through breast milk. Safe use in children has not been shown.

The safety and effectiveness of RENOVA for people over age 50 or with darker skin coloration has not been proven.

How Should I Use RENOVA?

You should apply RENOVA to your face once a day before retiring using only enough to cover the entire affected area lightly. Gently wash your face with a mild soap, pat the skin dry, and wait 20 to 30 minutes before applying RENOVA. Apply a pea-sized amount of cream to cover your entire face. You may feel a warmth or slight stinging when RENOVA is first applied.

You must be especially careful when applying the cream to avoid your eyes, ears, nostrils, or mouth. RENOVA may cause severe redness, itching, burning, stinging, and peeling if applied to these areas.

Using larger than necessary amounts of RENOVA will not speed results and can cause an overdose. An overdose can result in red and peeling skin as well as some pain or discomfort.

You may use cosmetics after applying RENOVA. Make sure to clean your face thoroughly before applying RENOVA again.

What Should I Avoid While Using RENOVA?

RENOVA increases your sensitivity to sunlight. Avoid sunlight as much as possible. Use protective clothing and a sunscreen with a minimum SPF of 15. Do not sunbathe or use sunlamps. If you are sensitive to sunlight or have a job that requires you to be out in the sun for long periods, you must use extreme caution.

While using RENOVA, avoid any products that can dry or irritate the skin. For example, avoid products applied to the skin that contain alcohol, spices, or lime. Also, avoid cleansers, hair removal, or other products that can irritate the skin.

What Are the Possible Side Effects of RENOVA?

The most common side effects are skin reactions. Itching, red, and dry skin have been reported. So have burning, stinging, and peeling skin. These are most often mild and are most common when treatment is started.

How Can I Get Additional Information?

This leaflet summarizes the most important information about RENOVA. If you would like more information, talk to your doctor or other health care provider. There is also a leaflet written for health professionals that your pharmacist can provide for you.

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DERMATOLOGICAL DIVISION
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Retin-A® (tretinoin)

Cream · Gel · Liquid
For Topical Use Only

PATIENT INSTRUCTIONS
Acne Treatment
IMPORTANT
Read Directions Carefully Before Using

THIS LEAFLET TELLS YOU ABOUT RETIN-A (TRETINOIN) ACNE TREATMENT AS PRESCRIBED BY YOUR PHYSICIAN. THIS PRODUCT IS TO BE USED ONLY ACCORDING TO YOUR DOCTOR'S INSTRUCTIONS, AND IT SHOULD NOT BE APPLIED TO OTHER AREAS OF THE BODY OR TO OTHER

YOUR DOCTOR.

WARNINGS AND PRECAUTIONS

The effects of the sun on your skin. As you know, overexposure to natural sunlight or the artificial of a sunlamp can cause sunburn. Overexposure to the sun over many years may cause premature ag skin and even skin cancer. The chance of these effects occurring will vary depending on skin type, t and the care taken to avoid overexposure to the sun. Therapy with RETIN-A may make your s susceptible to sunburn and other adverse effects of the sun, so unprotected exposure to natural c sunlight should be minimized.

Laboratory findings. *When laboratory mice are exposed to artificial sunlight, they often dev tumors. These sunlight-induced tumors may appear more quickly and in greater number if the mou topically treated with the active ingredient in RETIN-A, tretinoin. In some studies, under different co however, when mice treated with tretinoin were exposed to artificial sunlight, the incidence an development of skin tumors was reduced. There is no evidence to date that tretinoin alone will c development of skin tumors in either laboratory animals or humans. However, investigations in this continuing.*

Use caution in the sun. When outside, even on hazy days, areas treated with RETIN-A should be p An effective sunscreen should be used any time you are outside (consult your physician for a recomm of an SPF level which will provide you with the necessary high level of protection). For exten exposure, protective clothing, like a hat, should be worn. Do not use artificial sunlamps while you a RETIN-A. If you do become sunburned, stop your therapy with RETIN-A until your skin has recovere

Avoid excessive exposure to wind or cold. Extremes of climate tend to dry or burn normal s treated with RETIN-A may be more vulnerable to these extremes. Your physician can recommend manage your acne treatment under such conditions.

Possible problems. The skin of certain sensitive individuals may become excessively red, blistered or crusted. If you are experiencing severe or persistent irritation, discontinue the use of RETI consult your physician.

There have been reports that, in some patients, areas treated with RETIN-A developed a temporary or decrease in the amount of skin pigment (color) present. The pigment in these areas returned to either when the skin was allowed to adjust to RETIN-A or therapy was discontinued.

Use other medication only on your physician's advice. Only your physician knows which other med may be helpful during treatment and will recommend them to you if necessary. Follow the phy instructions carefully. In addition, you should avoid preparations that may dry or irritate your skin preparations may include certain astringents, toiletries containing alcohol, spices or lime, or certain me soaps, shampoos and hair permanent solutions. Do not allow anyone else to use this medication.

Do not use other medications with RETIN-A which are not recommended by your doctor. The med you have used in the past might cause unnecessary redness or peeling.

If you are pregnant, think you are pregnant or are nursing an infant: No studies have been co in humans to establish the safety of RETIN-A in pregnant women. If you are pregnant, think you are p or are nursing a baby, consult your physician before using this medication.

GELS ARE FLAMMABLE. Note: Keep away from heat and flame. Keep tube tightly closed.

AND WHILE YOU'RE ON RETIN-A THERAPY

Use a mild, non-medicated soap. Avoid frequent washings and harsh scrubbing. Acne isn't caused by no matter how hard you scrub, you can't wash it away. Washing too frequently or scrubbing too roug at times actually make your acne worse. Wash your skin gently with a mild, bland soap. Two or three day should be sufficient. Pat skin dry with a towel. Let the face dry 20 to 30 minutes before a RETIN-A. Remember, excessive irritation such as rubbing, too much washing, use of other medicat suggested by your physician, etc., may worsen your acne.

HOW TO USE RETIN-A (TRETINOIN)

To get the best results with RETIN-A therapy, it is necessary to use it properly. Forget about the inst given for other products and the advice of friends. Just stick to the special plan your doctor has laid you and be patient. Remember, when RETIN-A is used *properly*, many users see improvement by 12 AGAIN, FOLLOW INSTRUCTIONS – BE PATIENT – DON'T START AND STOP THERAPY ON YOUR O YOU HAVE QUESTIONS, ASK YOUR DOCTOR.

To help you use the medication correctly, keep these simple instructions in mind.



- Apply RETIN-A once daily before bedtime, or as directed by your physician. Your physician may advise, especially if your skin is sensitive, that you start your therapy by applying RETIN-A every other night. First, wash with a mild soap and dry your skin gently. WAIT 20 to 30 MINUTES BEFORE APPLYING MEDICATION; it is important for skin to be completely dry in order to minimize possible irritation.
- It is better not to use more than the amount suggested by your physician or to apply more frequently than instructed. Too much may irritate the skin, waste medication and won't give faster or better results.
- Keep the medication away from the corners of the nose, mouth, eyes and open wounds. *Spread away from these areas when applying.*
- *Cream:* Squeeze about a half inch or less of medication onto the fingertip. While that should be enough for your whole face, after you have some experience with the cation you may find you need slightly more or less to do the job. The medication should become in almost immediately. If it is still visible, you are using too much. Cover the affected area lightly with RE (tretinoin) Cream by first dabbing it on your forehead, chin and both cheeks, then spreading it ov entire affected area. Smooth gently into the skin.
- *Gel:* Squeeze about a half inch or less of medication onto the fingertip. While that should be enou your whole face, after you have some experience with the medication you may find you need slightly or less to do the job. The medication should become invisible almost immediately. If it is still visible dry flaking occurs from the gel **within a minute or so,** you are using too much. Cover the affecte lightly with RETIN-A (tretinoin) Gel by first dabbing it on your forehead, chin and both cheeks, then spre it over the entire affected area. Smooth gently into the skin.
- *Liquid:* RETIN-A (tretinoin) Liquid may be applied to the skin where acne lesions appear, spreadin medication over the entire affected area, using a fingertip, gauze pad, or cotton swab. If gauze or c is employed, care should be taken not to oversaturate it to the extent that the liquid would run into where treatment is not intended (such as corners of the mouth, eyes, and nose).
- It is recommended that you apply a moisturizer or a moisturizer with sunscreen that will not aggravate acne (noncomedogenic) every morning after you wash.

WHAT TO EXPECT WITH YOUR NEW TREATMENT

RETIN-A works deep inside your skin and this takes time. You cannot make RETIN-A work any fast applying more than one dose each day, but an excess amount of RETIN-A may irritate your skin. Be pa

There may be some discomfort or peeling during the early days of treatment. Some patients also notice their skin begins to take on a blush.

These reactions do not happen to everyone. If they do, it is just your skin adjusting to RETIN-A and usually subsides within two to four weeks. These reactions can usually be minimized by following instruc carefully. Should the effects become excessively troublesome, consult your doctor.

BY THREE TO SIX WEEKS, some patients notice an appearance of new blemishes (papules and pust At this stage it is *important to continue* using RETIN-A.

If RETIN-A is going to have a beneficial effect for you, you should notice a continued improvement in appearance after 6 to 12 weeks of therapy. Don't be discouraged if you see no immediate improvement. D stop treatment at the first signs of improvement.

Once your acne is under control you should continue regular application of RETIN-A until your phys instructs otherwise.

IF YOU HAVE QUESTIONS

All questions of a medical nature should be taken up with your doctor. For more information about RET (tretinoin), call our toll-free number 800-426-7762. Call between 9:00 a.m. and 3:00 p.m. Eastern Time, Mon through Friday.

ORT

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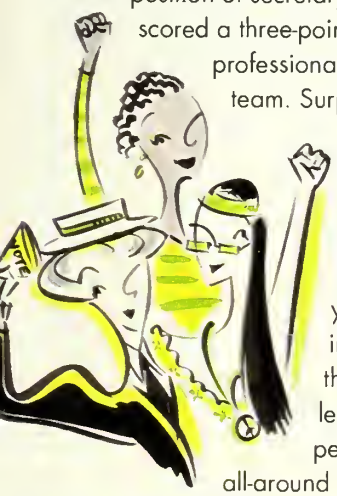
march file

Spring Broke? That shoestring-budget rite of passage for many college students, the spring-break trip, can easily set parents back $1,500 today. So says Jeff Trexler, general manager for USA Student Travel, a tour group that sent 20,000 students to Cancún alone last year. (Better tell your toddlers to start saving.)



Zzzs, Please Be sure to go to bed early on the 31st, when we lose an hour due to daylight savings time. A study conducted by Stanley Coren, Ph.D., a psychology professor at the University of British Columbia, in Vancouver, and author of *Sleep Thieves* (Free Press, 1997), has found a near 7 percent increase in the number of traffic accidents the day after we "spring forward."

Honoring *Herstory* Just five years ago, no female had ever held the position of secretary of state or scored a three-pointer as part of a professional basketball team. Surprised? You can learn more about women's progress through the years by taking in one of the numerous lectures, performances or all-around celebrations held across the country as part of Women's History Month. To locate an event near you, log on to the National Women's History Project's Web site, *www.nwhp.org*.





Going green

Come St. Patrick's Day, shades of hunter, emerald and kelly will make their annual appearance in dresses, sweaters and accessories. But that won't be it for the season. "There was definitely more green in the spring fashion shows than we've seen in the past," says Jessica Kerwin of *Women's Wear Daily*. Why? "Nothing says spring like the lime such designers as Oscar de la Renta used." (See photo, left.) Christian Dior also used shades from chartreuse to seaweed in his spring line. While women have tended to favor black, brown and even red, we don't have a fashion icon that we think of as the "green girl," observes veteran fashion guru Eleanor Lambert. Designers are now showing more willingness to expand their color palettes, and green—which defies easy matching—represents a new frontier. Watch for it in khakis and camouflage clothing and accessories. Also up next: mixed greens, according to color expert Margaret Walch. Taking their hue from camouflage, designers are expected to be producing more dress and casual wear that pair brown-based (think olives) and yellow-based (think avocados) shades. ▶

Having Their Séance



Séances have been either in the realm of the occult or relegated to sixth-graders' slumber parties. But with the popularity of the SCI FI Channel, such films as *The Sixth Sense*, not to mention Barbra Streisand's recent discussion of her participation in one (to commune with her long-deceased father), the séance is becoming trendy. Séances, or "trance sessions," as psychic Sylvia Browne, author of *Life on the Other Side* (Dutton, 2000), calls them, can take from 30 to 90 minutes and cost hundreds of dollars. (Your neighborhood psychic probably charges about $50 for a half-hour session.) John Edwards, host of the SCI FI Channel's popular *Crossing Over with John Edwards*, says as many as 75 percent of his clients are women. Edwards contends that one day séances will become as common as "going to a therapist."

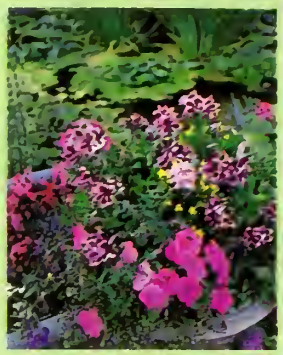
TEEN VEGETARIANS



Don't be surprised if one day soon your teenager announces, "Mom, I'm becoming a vegetarian." Thanks in part to the example of such celebrity nonmeat eaters as Alicia Silverstone, Annie Lennox and Shania Twain, a growing number of teenagers think it's hip to be a vegetarian. Some 25 percent of teens say vegetarianism is "in," according to the market-research group Teenage Research Unlimited. They are being bolstered by the support of fellow teens on Web sites like FamousVeggie.com. Typical of their entries is one from a teen named Heather: "Do what makes you feel better as a person." Experts say that parents shouldn't take their child's vegetarianism personally: *Vegetarian Times' Vegetarian Beginner's Guide* (Macmillan, 1996) estimates that 80 percent of teens who say no to meat do so out of concern for animals and the environment—not to give their parents heartburn.

THE GARDENING HOT LIST

How does *your* garden grow? Experts say the prettiest plots are getting back to basics, with native plants and simple designs. As the seed catalogs come down from the shelves and the ground thaws, warm up to these trends:



IN	OUT
Four-season gardening	Spring and early summer gardening
Drought- and insect-resistant perennials, such as daylilies	Fussy or insect-prone plants, like roses and phlox
Durable, hardware-store multipurpose classics	A trendy tool for every little task
Black, crumbly compost	Chemical soil additives
Less is more—sweeps of only a few types of plants	More is more, a variety of plants in one space



the new new thing

It's a role switch that can be done to dramatic effect: Complement any interior space—traditional or modern—by using stylish wooden stools as tables. Perfect for placing in front of a sofa or in a corner, sturdy stools can become ready surfaces for a stack of books, a cluster of candles or any arrangement that suits your style. The stools shown here (left, $800; right, $145) are available at Full Upright Position (call 800-431-5134; or visit *www.fup.com*).



10 minutes



12 minutes



10,080 minutes

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Caribbean Crab Salad

Serves 4

- **2 (6 oz. or 8 oz.) packages Louis Kemp® Crab Delights®, Flake Style**
- **2 tablespoons chopped cilantro**
- **1 tablespoon freshly squeezed lime juice**
- **lettuce leaves**
- **1/4 cup mayonnaise**
- **cayenne pepper**
- **2 oranges, peeled and sectioned or 1 16 oz. can mandarin oranges, drained**

In bowl, combine Crab Delights®, mayonnaise, cilantro, lime juice and cayenne pepper to taste, mixing thoroughly. Arrange 1/4 of orange sections over lettuce leaves on 4 individual salad plates. Top with Crab Delights® mixture.

Prep time: 10 minutes

Crab Linguine 1-2-3

Serves 4

- **1 (9 oz.) package fresh linguine**
- **1/4 cup extra virgin olive oil**
- **3 to 4 garlic cloves, minced**
- **1 (6 oz. or 8 oz.) package Louis Kemp® Crab Delights®, Flake Style**
- **2 cups halved cherry tomatoes**
- **salt and freshly ground pepper**
- **1/4 cup shredded fresh basil**
- **3/4 cup shredded mozzarella *(optional)***

1. Cook pasta according to package directions. **2.** Meanwhile, heat oil in large skillet over medium-high. Add garlic and sauté 30 seconds. Stir in Crab Delights® and cherry tomatoes. Sauté 1 minute. Season to taste with salt and pepper. **3.** Toss linguine and crab mixture together in large bowl. Sprinkle with basil and cheese (if desired) and toss again.

Prep time: 12 minutes

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A Woman to Watch: Rachel Portman

A movie without music is like theater popcorn without butter: It's missing that little something extra that makes it wonderful. That's where composer Rachel Portman comes in. Her job is to make sure the films she works on aren't lacking anything in the wonder department. And judging by her latest projects—*The Legend of Bagger Vance* (on which she worked with Robert Redford), *The Cider House Rules* (a 1999 Oscar nominee) and *Emma* (for which she won an Academy Award in 1996)—Portman appears to have chosen the right profession. From her London home, Portman, 40, juggles the tasks of reading scripts, scoring films and raising three children with her husband, producer Uberto Pasolini (*The Full Monty*). "I'm very disciplined about starting work early and spending time with my children later in the day," she says. Sitting at her Bösendorfer grand, the Oxford-educated music major watches a movie with dialogue only. To Portman, who works on a score for two or three months, "It's obvious where the music should go to set a scene or give it some pace."



Culture Vulture The winner of this year's Oscar for best actress will be able to command a much higher fee for her next film. One of the biggest jumps took place when Helen Hunt's price per movie zoomed from $2 million to $8 million after her win for *As Good As It Gets*.

the giving spirit



The Giving Spirit: Boundless Playgrounds

If Amy Jaffe Barzach has her way, no special-needs child will lose out on a chance to play. Five years ago, with the help of her husband, nearly 1,200 volunteers and $300,000 in donations, Barzach opened the first Boundless Playground in West Hartford, Connecticut: Jonathan's Dream, in memory of Barzach's nine-month-old son who died the year before of spinal muscular atrophy. The facility boasted equipment accessible to kids of all abilities. Boundless Playgrounds has helped create 24 similar facilities across North America; more than 100 are in the works. (Information: 860-243-8313 or *www.boundlessplaygrounds.org*.)

street smarts

Blond for a day

Do blonds have more fun? We asked three women to swap their dark tresses for golden locks for a day. Their reactions:

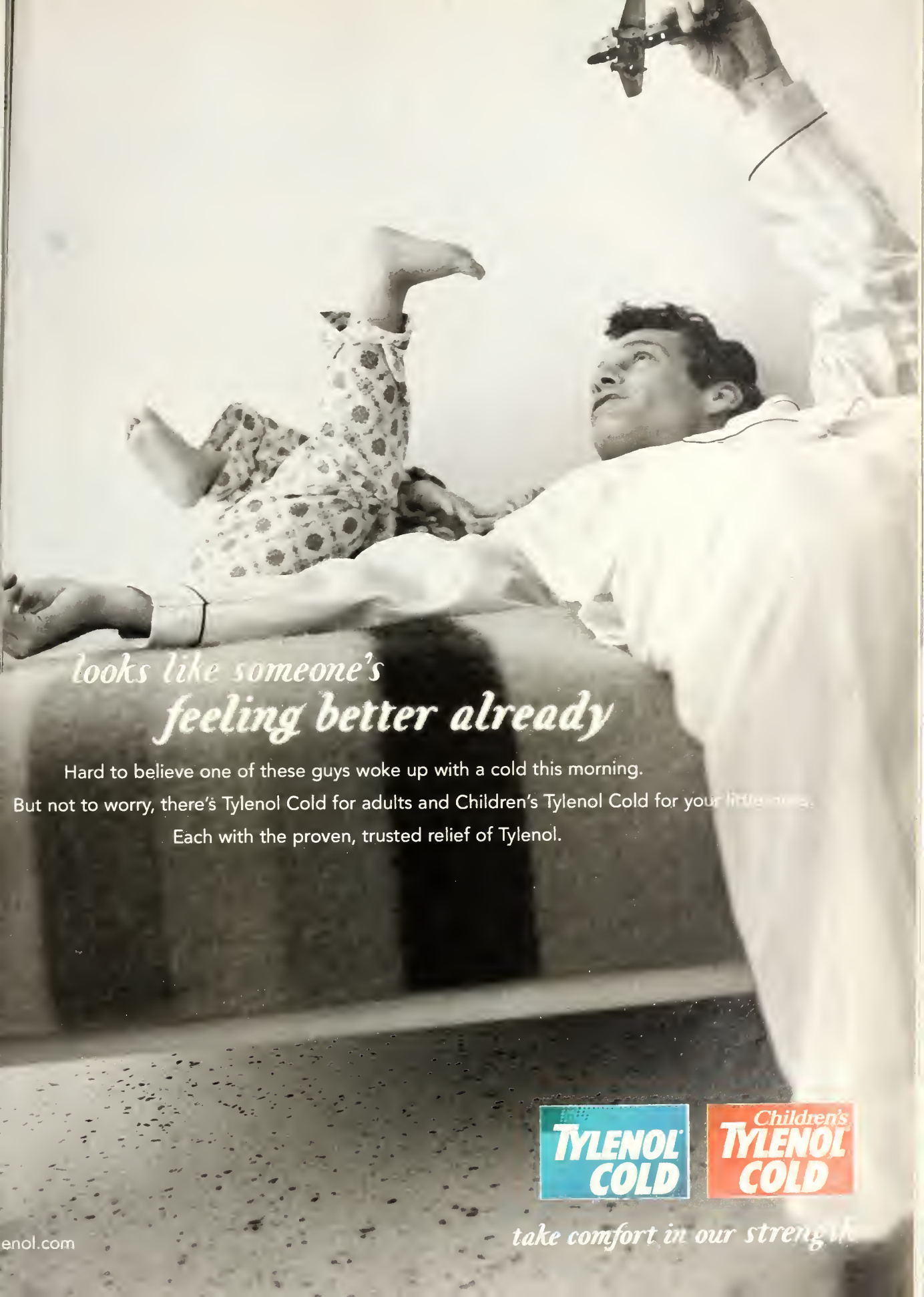
"When I received compliments about my new look at work, I felt uncomfortable. One colleague even shouted, 'Wow!' in front of my boss. When my sister and I went shopping, I felt like people were staring at me. I didn't like being noticed."—*Pamela Medlock, 37, executive assistant, Mitchellville, MD*

"When I walked through the streets of New York City, men ogled with that ooh-la-la lust in their eyes—even men wearing wedding rings. In fact, I was serenaded at the subway station. I was flattered, but somewhat embarrassed. Women sometimes seemed envious, even intimidated. All in all, I liked my new look—it made me feel sensual."—*Andrea Preziotti, 29, marketing consultant, Brooklyn, NY*

"So blonds really do have more fun! When I went out with friends I definitely felt like I was receiving some 'extra' attention. I felt very confident as a blond. I might even be convinced to go platinum!"
—*Ursula Puzio, 34, marketing coordinator, East Rutherford, NJ*

(Wigs provided by Raquel Welch Signature Collection; 800-663-3758.)

Reported by Jennifer Hoppe, Christina Orlovsky, Christina Sciammacco, Dominique Andrews, Francesca Di Meglio and Meredith Perez


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Heather Paige Kent

She's come a long way from Disneyland, but life can still be a little goofy

Heather Paige Kent, 32, has had a good times/bum times relationship with TV. She was Maggie, the grocery clerk, on NBC's short-lived *Jenny* in 1997 and muse to polar opposites in another prime-time casualty, 1999's *Stark Raving Mad*. Kent's most recent television foray in CBS's *That's Life* gave her the role of Lydia, a thirtysomething bartender who restarted her life by dumping a boyfriend and enrolling in college. Her real life has been decidedly more comfortable. Kent grew up in Chappaqua, New York, five minutes from the Clintons' digs. Today she lives in Newport Beach, California, with her husband, plastic surgeon Terry Dubrow.

What does the character of Lydia say to women?

I think what Lydia says to them is follow your dream. Be strong. It's going to be hard, but you can do it. I like to say Lydia is that person in our family who wasn't really meant to be born into our family—she's meant to do a little bit more.

What did Lydia say to you?

What I have in common with her is that I made this leap of faith after I graduated from college. I was a musical-theater major and always thought I'd go to New York and do Broadway. I don't know why, but I decided to come out to Los Angeles. I didn't know anybody. I didn't understand anything about agents. I didn't know that when you got off the plane you needed a publicist.

What was the hardest part?

Feeling like an outsider. I just didn't get it. I had no idea how you broke in. And in a way, you're either in or you're out.

What did you do?

I sang at Disneyland for a year at the Golden Horseshoe Jamboree. Then I met a guy and we put together a fourteen-piece band. We played all these big corporate things; opened for Mel Torme. We did lots of fun stuff, and I earned a great living.

Do you have any movie plans?

I'm reading some scripts right now.

How do you find time for just you and your husband?

It's difficult. There have been days when I've gone to work at nine A.M. and come home at four or five A.M. the next day. I crawl into bed, and Terry says, "I'm getting up in fifteen minutes to go to surgery." And I say, "Have a good day."

What do you and Terry talk about?

Lots of things. What's great is that we're both in the same industry, sort of. Watching TV with Terry is the best thing in the world. He'll say, "Look who's had a little brow lift." So there's something to talk about—he's interested in my work; I'm interested in his.

What's it like being married to a plastic surgeon?

It's great. Being married to Terry is like an investment in my future.

> "I had no idea how you broke in. And in a way, you're either in or you're out"

Are there any disadvantages?

The problem is: Love is blind. He thinks I'm perfect the way I am. So in twenty years all my friends are going to look fabulous, and I'm going to be wrinkled. But he'll be saying, "You look beautiful."

Have you had any work done?

I always have to qualify that we met on a blind date, not on a consultation. Everything's real, but I do get Botox. I just get a little tiny bit. [She points between her eyes.] I'm the only actress who will ever admit to you that she has Botox—and she's all for plastic surgery.

—Bill Higgins

Winterize Your Wardrobe



Because the forecast is calling for static cling.

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pro trick: art of the part

SEXY SIDE PARTS WERE EVERYWHERE on fashion runways this season, and the most modern were slightly messy and crooked. "A less defined part makes hair look fuller," says Nick Arrojo, co-owner of Arrojo Cutler Salon, in New York City. To get the look with curly or wavy tresses, start with damp hair (blow-dry first if your hair is naturally straight). Starting at your hairline, make a low side part, then move the tip of a wide-tooth comb along in a zigzag motion (back and toward the center, then back and away from the center).

NO PROBLEM: Lighten up on concealer
How can you hide dark circles without going overboard with concealer? New York City makeup pro Liz Michael recommends investing in a concealer brush, which is designed with flat, stiff synthetic bristles. Her two favorites: M.A.C No. 252 ($29) and Stila No. 11 ($19). Stroke brush over concealer, then apply near the inner corner of the eye, where the eye meets the nose; glide the brush under eyes, but only one third to halfway across. (This is where circles tend to be darkest.) Last, blend concealer with a wedge-shaped makeup sponge.



Bargain beauty. . .

with a bonus: The net proceeds from Sephora lip baume ($5) go to Operation Smile, a nonprofit organization that provides health care and reconstructive facial surgery to kids in developing countries and the U.S.

ON TREND: PASTELS FOR EYES
Bored with brown eyeshadow? Hove a spring fling with the new pastels. Soft washes of lilac, violet, pale blue, rose or pistochio green con light up your eyes. "If you're color shy, weor o soft taupe or groy on the lid. Then smooth a postel on the browbone and inner corner of eye," suggests L.A.–based makeup whiz Collier Strong, consulting makeup artist for L'Oréal. "And go easy with the mascara—one coat of soft black or black-brown is plenty." Palettes to choose from: L'Oréal Weor Infinité Long-Weoring Silky Powder Shadows ($4.75 eoch); Cover Girl One-Kit Professional Eye Enhoncers ($2.70 eoch); ond Almay Stay Smooth Beyond Powder Eyeshadows ($3.75 eoch).





Celeb Pick Toking a breok from starring os Monico on *Friends*, Courteney Cox Arquette helped create o luscious new lipstick shade, cece, for CARGO Cosmetics ($15). The rich berry hue actuolly matches a couch in the home Arquette shares with husband, David. And the shode is sure to look stunning on your lips, too.



PHOTOS, FROM TOP: MARIA VAI ENTINO/MY PHOTO; COURTESY



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PURE**SKIN**THERAPY

beauty shortcuts

Running late? You can still look polished and pulled together when you follow these timesaving tips from top makeup pro Sonia Kashuk. By Carol Straley



Star makeup artist Sonia Kashuk works the phone while making up

As a celebrity makeup artist and creator of Sonia Kashuk Professional Makeup, available exclusively at Target, Sonia Kashuk may seem to lead a glamorous life. But she is also an on-the-go mom with two young children. Like any working mother, she doesn't have time to fuss with her looks. So she's edited her morning makeup routine down to the bare essentials. Kashuk's five-minute beauty blitz can get you out the door fast, too.

1. "I do my makeup in my bedroom near a window. Seeing how you look in natural daylight keeps you from piling on too much makeup. I spot-apply foundation only where I need it. A little liquid foundation goes under my eyes to hide circles and around my mouth to even out my skin tone and lighten any shadows."

2. "Next, I curl my lashes. If I'm in a real rush, I give up eyeshadow rather than skip this step. It's an essential eye-opener, a must when you're a sleep-deprived mom! My trick for long-lasting curl: After you gently squeeze the curler once, open and close it quickly two or three more times before slowly releasing it."

3. "While my eyelashes set, I take a few seconds to apply cream blusher. Cream formulas go on more quickly than powders. A powder formula calls for applying loose or pressed face powder first so that the blusher won't streak—and who has time for that? Just dab a little cream blusher on your cheek and use your ring finger to lightly tap it into your skin. The right shade counts, too. A neutral blusher will go with anything you wear. You can't go wrong with a sheer orangy-brown shade if your skin is fair to medium in tone; choose a reddish-brown cream blusher if skin is dark."

4. "If I can squeeze it in, I apply a cream eyeshadow. One with a touch of shimmer helps to brighten tired eyes. Again, a neutral shade, such as a mink-brown or plum-mauve, is the way to go when you're in a hurry. Whether or not I wear shadow, I make time for a coat of black mascara."

5. "Before I run out the door, I apply my lipstick. Once I put on my lipstick, I don't want to think about having to retouch it for a while, so I stay away from matte formulas, which can be drying, or super-glossy formulas, which don't have much staying power. A lipstick with a satiny finish goes on neatly and keeps lips moist. To make it last longer, I dab it on, lightly pressing the stick into my lips. To blot and set the color, I lightly tap my lips with my fingertip. Then I'm ready to face the day!"

KENNETH CHEN


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in living color

Put away that basic black tote you've been lugging around. For spring, color is in the bag

More than a place to simply stash your cash (and all those other everyday necessities) this season, a handbag can be your number-one stylemaker. Whether it's a hold-it-in-your-hand bag or an over-your-shoulder style, these seven picks are a risk-free, easy way to inject hot color or a bold print into your wardrobe.



The shapper tate meets Pap Art in this micrafiber and leather bag; Hype, $70



Liven up yaur laak with an arange pigskin tate; Hype, $150



A traditianal camel drawstring bag gets dressed up with red gusset detailing; Mondani, $36



Ladylike with a pythan "bite"; Hype, $115



Two-far-one: This catton plaid number reverses ta lilac nylon; Abaco, $122



Bye-bye black patent—lavender leather is the new hue; Leanard, $330



Faux cracadile racks in pastel leather with a suede tassel; Tate Le Mande, $180

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*See complete Golden Princess Sea Cruise Sweepstakes rules on page 183

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COSMETIC STUDIOS

Dan hated to spend a nickel; Laura loved shopping. This couple had to reevaluate their attitudes about money

"He's such a cheapskate"

By Cynthia Hanson

Laura's Turn



"My husband is a total control freak about money," said Laura, a thirty-nine-year-old mother of three. "Dan pinches pennies on groceries, clothing and other basic necessities. If I buy fresh asparagus out of season, or yellow bell peppers instead of the cheaper green ones, he flies into a rage.

"It's ridiculous! Dan is a successful lawyer who runs his own multi-lawyer firm and makes a very good living. We can easily afford to indulge in a few luxuries and still put away enough to ensure a comfortable future for our kids. Yet he won't let us enjoy our money; it's as if he has a phobia about spending. Family dinners are a cherished part of our day, but the five of us have to squeeze around a tiny dinette set because Dan refuses to buy a real dining-room table.

"We just don't see eye-to-eye. I believe in living well—enjoying good food, wearing stylish clothes, decorating with nice furniture. But Dan saves everything for a rainy day, and for him, it's never rainy enough. This professional man owns just two suits. He wears shoes that are falling apart and a winter jacket he bought in college. If I didn't rip up his old underwear before throwing it out, he'd retrieve it from the trash.

"His outlook on money is so different from my family's. My father was a doctor; my mother managed his office. They were big spenders, treating themselves to a new car every year, designer clothes and jewelry. My younger sister and I weren't spoiled—it's not like we threw tantrums for toys—but there was plenty of money for us to live in a big house and attend private schools.

"In retrospect, I realize I had it too easy. If I ran up my credit-card debt or bounced a check when I was in college, Dad would always rush to my rescue. After I got out on my own, I spent freely and asked the folks for cash when I got in a jam. I never learned the value of money or how to budget.

"I met Dan at a party in 1985. He was in law school; I was getting an MBA. We shared similar values: We were close to our siblings, we had strong work ethics and wanted a big family. During the first four years of our marriage, I worked as an insurance underwriter and handled the household bills.

"After having Sara, now eight, I quit my job to be a stay-at-home mom; Jake was born two years later, and Jonathan followed two years after that. Because Dan was now the sole breadwinner, I felt it was only fair to relinquish the checking account to him. I asked for a monthly allowance of $2,000 to run the household; it was like having Dad give me money all over again.

"But instead of allowing me free rein, Dan monitors every penny I spend on clothes, food and other items. We're always arguing over groceries. He expects me to buy only generic products; if I get a name-brand can of tuna, he won't eat it. It's absurd—even the fanciest label doesn't cost *that* much more!

"I resent Dan's attitude, and I guess I've reacted by becoming sloppy. I don't track my expenses, and I'm always bouncing checks. I admit I spend a lot of time shopping for clothes. When Dan asks me how much something costs, I'll lie and tell him I got it *(continued)*



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(continued) on sale, just to avoid getting into an argument. But he gets mad at me anyway when the bills arrive, and then I feel guilty.

"Our marriage started to sour four years ago, about the time we bought a new house to accommodate our growing family. It needed renovation, and while Dan didn't think twice about hiring painters and contractors—because their work increased the value of the house—we've had countless battles about buying new furniture. He just doesn't see a need for it.

"Over time, we've drifted apart. Dan goes to work early and comes home late, so meaningful conversations are rare. The more he works, the more I shop. I figure that if Dan's going to earn such a nice salary, I'm going to enjoy it, even if he gets mad at me.

"About eighteen months ago, I just couldn't take it anymore. I couldn't stand to be in a marriage where my voice wasn't heard and where I had to sneak around to spend money. I'd lost all my self-esteem—and I feared I was setting a bad example for our children by letting them see me being dominated by their father.

"I went to see our pastor, who recommended couple counseling. I was raised to regard therapy as taboo, but I really love Dan, and I'm not about to end our marriage without making an effort to save it."

Dan's Turn:

"I hate the term 'control freak,' but it's my nature," said Dan, a forty-year-old attorney. "At home, though, I do it out of necessity. My wife is a compulsive spender. She runs up credit-card debt, bounces checks and forgets to pay bills. Worse yet, she lies about it. I don't believe one word Laura says about money now.

"I can't trust her to manage the household account. I sign every check and watch every nickel we earn because I'm worried that Laura will bankrupt us. Her name is on all of our bank accounts. I've gone to pay bills, only to discover that Laura has drained the household checking account. When she does something like that, I'll raise my voice and then give her the silent treatment for hours on end.

"I'd never met anyone as beautiful and bubbly as Laura. I couldn't wait to finish law school so we could get married. I knew Laura lacked money sense. As a college student, she once maxed out her father's credit card, and he had to wire her money. But I was so madly in love that I didn't stop to think about how Laura's spending habits might affect our relationship.

> "I hate the term 'control freak,' but it's my nature"

"After Laura quit her job to take care of our children, she started playing fast and loose with the budget. Now, I don't begrudge her a nice wardrobe, but Laura once owned twenty pairs of boots—some that were almost identical! Isn't that excessive? I guess it comes down to a difference in values: I believe in investing to protect our future, whether it's playing the stock market or buying property, and Laura believes in living it up every day.

"I run a thriving law practice and do well financially, but in my opinion, there's no such thing as having too much money. I don't want to waste a penny. Who am I to wear a new suit, drive a fancy car or eat asparagus out of season when it costs $5 a pound?

"What makes Laura's deceit particularly painful is that it reminds me of my father, who was well-meaning but irresponsible. Dad promised he'd pay the final $800 installment of my college tuition, but he didn't. On graduation day, I received an empty diploma case, and I had to pay the bill with my own money. I was crushed and furious with him. So I get frightened when I see my wife behaving the same way.

"Laura's spending hit rock bottom about four years ago. We weren't approved for a mortgage on a rental property I wanted to buy as an investment because she had secretly accumulated $12,000 in credit-card debt. Behind my back, Laura opened accounts at three different stores, then ran up the bills without showing them to me or making payments. She hadn't even opened the letters from the creditors.

"Being turned down for the mortgage was a huge turning point. I knew our marriage was falling apart, but I didn't know how to fix it, so I just started working later and later to avoid being with Laura. I don't *(continued)*


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(continued) want to lose her—but we can't go on living with hostility, and I can't put up with her cavalier attitude about money."

The Counselor's Turn:

"This couple were caught in a vicious cycle," said the counselor. "The more wasteful Laura was with the household account, the more Dan shamed her and guarded their money—which led to more splurging and lying on her part. Though some people do have a serious problem with compulsive spending, I suspected that Laura's behavior was actually a form of rebellion.

> "Money is power, especially in marriages in which only one spouse earns the income"

"Money is power. If a woman doesn't have some control over the family finances, it can affect her self-esteem and make her more careless about spending. This is especially true in marriages like this one, where the husband brings in all or most of the income. Feeling constrained by Dan's frugality and the way he monitored her spending, Laura defied him by opening credit accounts behind his back.

"In one session, Laura said she resented Dan for refusing to let her buy a nice dining-room set. It was a valid point: Not only could they easily afford the furniture, but also it was something their family clearly needed. I handed Dan a calculator and asked him to compute the price of the set as a percentage of his net worth. Then I asked him to amortize the cost over the useful life of the furniture. Once Dan did the math, he realized that the new furniture wouldn't deplete their savings, and he agreed to take Laura to buy it.

"Still, Dan was reluctant to replace their other hand-me-down furniture, so I told Laura to buy a reasonably priced new sofa, bookcase and carpeting, as well as the foods she liked, with her household allowance. 'Tell him the prices after everything has been delivered,' I said. To Dan, I was blunt: 'Eat the fancy tuna and yellow peppers.'

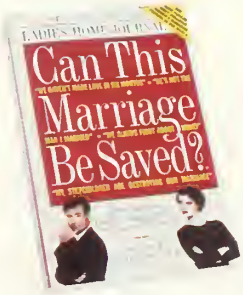
"But still, Dan continued to micromanage the household account, and Laura kept bouncing checks. A more drastic measure was needed. 'Give Laura total control of household expenses for four months,' I recommended. 'During this time, Dan must refrain from asking about the price of her purchases. At the end of the trial period, we'll review Laura's records and reevaluate the situation.'

"Four months later, it was clear that Laura was no longer a spendthrift. Empowered to make decisions and freed from Dan's wrath, she became a careful shopper who hunted for bargains, asked for discounts and often waited until something went on sale before she bought it.

"Dan admitted it had been hard for him to sit by in silence, but he was proud of Laura for sticking to the budget. He was even delighted when she bought a couple of new outfits for him. He agreed that Laura should continue to manage the household account alone; for big-ticket purchases, they now discuss the cost and value to see where the items fit in their budget. 'We have a better life with Laura in charge,' reported Dan. 'Much to my surprise, it doesn't cost that much more.'" ■

Cynthia Hanson, a contributing editor to Chicago magazine, frequently writes for Ladies' Home Journal.

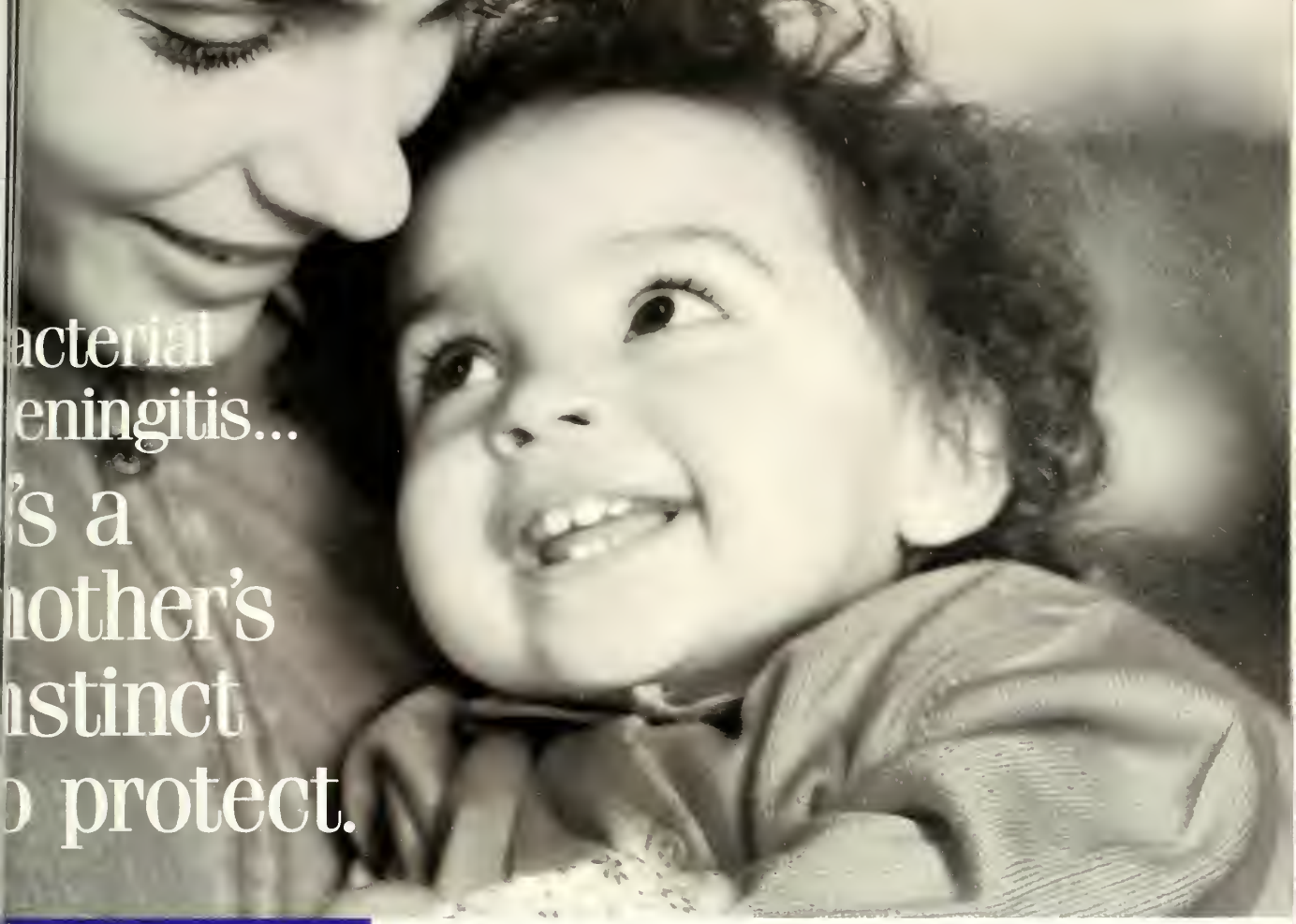
"Can This Marriage Be Saved?" is the most popular, most enduring women's magazine feature in the world. This month's case is based on interviews with clients and information from the files of Sam R. Hamburg, Ph.D., a clinical psychologist and marital therapist in Chicago and author of *Will Our Love Last? A Couple's Road Map* (Scribner, 2000). The story told here is true, although names and other details have been changed to conceal identities. "Can This Marriage Be Saved?" is a registered trademark of Meredith Corporation.



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Prevnar is approved for use in infants and toddlers as part of their routine vaccination schedule. For the vaccination schedule of previously unvaccinated older infants and children, it is important to consult your child's doctor.



As with any vaccine, Prevnar does not protect 100% of children vaccinated. In prelicensure clinical trials, the most common side effects included injection site reactions, fever (≥38°C/100.4°F), irritability, drowsiness, restless sleep, decreased appetite, vomiting, diarrhea, and rash or hives.

Please see Brief Summary of Prescribing Information on the adjacent page for indications and usage, dosage and administration, and safety information.

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INDICATIONS AND USAGE

Prevnar™ is indicated for active immunization of infants and toddlers against invasive disease caused by *Streptococcus pneumoniae* due to capsular serotypes included in the vaccine (4, 6B, 9V, 14, 18C, 19F, and 23F). The routine schedule is 2, 4, 6, and 12-15 months of age. This vaccine is not intended to be used for treatment of active infection. As with any vaccine, Prevnar™ may not protect 100% of individuals receiving the vaccine. For additional information on usage, see DOSAGE AND ADMINISTRATION

CONTRAINDICATIONS

Hypersensitivity to any component of the vaccine, including diphtheria toxoid, is a contraindication to use of this vaccine. Although a severe or even a moderate febrile illness is sufficient reason to postpone vaccinations, minor illnesses, such as a mild upper respiratory infection with or without low-grade fever, are not generally contraindications.

WARNINGS

THIS VACCINE WILL NOT PROTECT AGAINST *S. PNEUMONIAE* DISEASE OTHER THAN THAT CAUSED BY THE SEVEN SEROTYPES INCLUDED IN THE VACCINE, NOR WILL IT PROTECT AGAINST OTHER MICROORGANISMS THAT CAUSE INVASIVE INFECTIONS SUCH AS BACTEREMIA AND MENINGITIS.

Do not give to infants or children with thrombocytopenia or any coagulation disorder that would contraindicate intramuscular injection unless the potential benefit clearly outweighs the risk of administration. If the decision is made to administer this vaccine to children with coagulation disorders, it should be given with caution. (See DRUG INTERACTIONS.)

Immunization with Prevnar™ does not substitute for routine diphtheria immunization. Healthcare professionals should prescribe and/or administer this product with caution to patients with a possible history of latex sensitivity since this packaging contains dry natural rubber.

PRECAUTIONS

Prevnar™ is for intramuscular use only and SHOULD UNDER NO CIRCUMSTANCES BE ADMINISTERED INTRAVENOUSLY. The safety and immunogenicity of other routes of administration (e.g., subcutaneous) have not been evaluated.

General

CARE IS TO BE TAKEN BY THE HEALTHCARE PROFESSIONAL (HCP) FOR SAFE AND EFFECTIVE USE OF THIS PRODUCT.

1. PRIOR TO ADMINISTRATION OF ANY DOSE OF THIS VACCINE, ASK THE PARENT OR GUARDIAN ABOUT THE PERSONAL HISTORY, FAMILY HISTORY, AND RECENT HEALTH STATUS OF THE VACCINE RECIPIENT. THE HCP SHOULD ASCERTAIN PREVIOUS IMMUNIZATION HISTORY, CURRENT HEALTH STATUS, AND OCCURRENCE OF ANY SYMPTOMS AND/OR SIGNS OF AN ADVERSE EVENT AFTER PREVIOUS IMMUNIZATIONS IN THE CHILD TO BE IMMUNIZED, IN ORDER TO DETERMINE THE EXISTENCE OF ANY CONTRAINDICATION TO IMMUNIZATION WITH THIS VACCINE AND TO ALLOW AN ASSESSMENT OF RISKS AND BENEFITS.
2. BEFORE THE ADMINISTRATION OF ANY BIOLOGICAL, THE HCP SHOULD TAKE ALL PRECAUTIONS KNOWN FOR THE PREVENTION OF ALLERGIC OR ANY OTHER ADVERSE REACTIONS. This should include a review of the patient's history regarding possible sensitivity; the ready availability of epinephrine 1:1000 and other appropriate agents used for control of immediate allergic reactions; and a knowledge of the recent literature pertaining to use of the biological concerned, including the nature of side effects and adverse reactions that may follow its use.
3. Children with impaired immune responsiveness, whether due to the use of immunosuppressive therapy (including irradiation, corticosteroids, antimetabolites, alkylating agents, and cytotoxic agents), a genetic defect, HIV infection, or other causes, may have reduced antibody response to active immunization.
4. The use of pneumococcal conjugate vaccine does not replace the use of 23-valent pneumococcal polysaccharide vaccine in children ≥24 months with sickle cell disease, asplenia, HIV infection, chronic illness or who are immunocompromised. Data on sequential vaccination with Prevnar™ followed by 23-valent pneumococcal polysaccharide vaccine are limited. In a randomized study, 23 children ≥2 years of age with sickle cell disease were administered either two doses of Prevnar™ followed by a dose of polysaccharide vaccine or a single dose of polysaccharide vaccine alone; safety and immune responses with the combined schedule were similar to polysaccharide vaccine alone.
5. Since this product is a suspension containing an aluminum adjuvant, shake vigorously immediately prior to use to obtain a uniform suspension prior to withdrawing the dose.
6. Use a separate sterile syringe and needle or a sterile disposable unit for each individual to prevent transmission of hepatitis or other infectious agents from one person to another. Needles should be disposed of properly and should not be recapped.
7. Special care should be taken to prevent injection into or near a blood vessel or nerve.

DRUG INTERACTIONS

As with other intramuscular injections, give Prevnar™ with caution to children on anticoagulant therapy.

During clinical studies, Prevnar™ was administered simultaneously with DTP-HbOC or DTaP and HbOC; OPV or IPV; Hep B vaccines; MMR, and Varicella vaccine. (See Prescribing Information for summary of immune response to routine vaccines when administered with Prevnar™.)

CARCINOGENESIS, MUTAGENESIS, IMPAIRMENT OF FERTILITY

Prevnar™ has not been evaluated for any carcinogenic or mutagenic potential, or impairment of fertility.

PREGNANCY

Pregnancy Category C

Animal reproductive studies have not been conducted with this product. It is not known whether Prevnar™ can cause fetal harm when administered to a pregnant woman or affect reproductive capacity. Prevnar™ is not recommended for use in pregnant women.

Nursing Mothers

Prevnar™ is not recommended for use in a nursing mother.

PEDIATRIC USE

Prevnar™ has been shown to be usually well-tolerated and immunogenic in infants. The sa… effectiveness of Prevnar™ in children below the age of 6 weeks have not been established. … responses elicited to Prevnar™ among infants born prematurely have not been studied.

GERIATRIC USE

Prevnar™ is NOT recommended for use in adult populations. It is not to be used as a substitut… pneumococcal polysaccharide vaccine in geriatric populations.

ADVERSE REACTIONS

Overall, the safety of Prevnar™ has been evaluated in a total of five clinical studies in whicl… infants and children received a total of 58,699 doses of vaccine at 2, 4, 6, and 12-15 months. … In addition, the safety of Prevnar™ was evaluated in 560 children from four ancillary studies who … immunization at 7 months to 9 years of age. (See Prescribing Information for summary of local re… and systemic events reported for the efficacy and all ancillary studies.)

The majority of the safety experience with Prevnar™ comes from the Northern California … Permanente Efficacy Trial in which 17,066 infants received 55,352 doses of Prevnar™ and 17,080 … received a total of 55,387 doses of the control vaccine (investigational meningococcal g… conjugate vaccine [MnCC]), along with other routine childhood vaccines through April 199… reactions and systemic events occurring within 48 hours of each dose of vaccine were ascerta… scripted telephone interview on a randomly selected subset of approximately 3,000 children … vaccine group. The rate of relatively rare events requiring medical attention was evaluated ac… doses in all study participants using automated databases.

For subjects who received Prevnar™ at 2, 4, 6, and 12-15 months of age, the occurrence … reactions, such as erythema, induration, tenderness, and any interference with limb movemen… described. Additionally, limited data on local reactions in previously unvaccinated older childre… described. (See Prescribing Information for complete summary.)

With vaccines in general, including Prevnar™, it is not uncommon for patients to note within 4… hours at or around the injection site the following minor reactions: edema; pain or tenderness; re… inflammation or skin discoloration; mass; or local hypersensitivity reaction. Such local reactio… usually self-limited and require no therapy. As with other aluminum-containing vaccines, a nod… occasionally be palpable at the injection site for several weeks.

Systemic events included fever, irritability, drowsiness, restless sleep, decreased appetite, vo… diarrhea, fussiness, and rash or hives. (See Prescribing Information for complete summary.)

The following events were reported within 3 days of a dose during follow-up from October 1995 t… April 1998 of the 17,066 subjects who received at least one dose of Prevnar™ in the efficacy trial … were 24 hospitalizations (for 29 diagnoses) as follows: bronchiolitis (5); congenital anomaly (4); e… procedure, UTI (3 each); acute gastroenteritis, asthma, pneumonia (2 each); aspiration, breath h… influenza, inguinal hernia repair, otitis media, febrile seizure, viral syndrome, well child/reass… (1 each). There were 162 emergency room visits (for 182 diagnoses) as follows: febrile illness (20)… gastroenteritis (19); trauma, URI (16 each); otitis media (15); well child (13); irritable child, viral syn… (10 each); rash (8); croup, pneumonia (6 each); poisoning/ingestion (5); asthma, bronchiolitis (4… febrile seizure, UTI (3 each); thrush, wheezing, breath holding, choking, conjunctivitis, inguinal … repair, pharyngitis (2 each); colic, colitis, congestive heart failure, elective procedure, hives, infl… ingrown toenail, local swelling, roseola, sepsis (1 each).

One case of a hypotonic-hyporesponsive episode (HHE) was reported in the efficacy study fol… Prevnar™ and concurrent DTP vaccines in the study period from October 1995 through April 199… additional cases of HHE were reported in four other studies, and these also occurred in childre… received Prevnar™ concurrently with DTP vaccine.

In the Kaiser efficacy study, seizures were reported in 8 Prevnar™ recipients and 4 control va… recipients within 3 days of immunization. Of the 8 Prevnar™ recipients, 7 received concomitant… containing vaccines and one received DTaP. Of the 4 control vaccine recipients, 3 rec… concomitant DTP-containing vaccines and one received DTaP. In the other 4 studies combin… which 1,102 children were immunized with 3,347 doses of Prevnar™ and 408 children were imm… with 1,310 doses of control vaccine (either investigational meningococcal group C conjugate va… or concurrent vaccines), there was one seizure event reported within 3 days of immunization… subject received Prevnar™ concurrent with DTaP vaccine.

Twelve deaths (5 SIDS and 7 with clear alternative cause) occurred among subjects rec… Prevnar™, of which 11 (4 SIDS and 7 clear alternative cause) occurred in the Kaiser efficacy stud… October 1995 until April 20, 1999. In comparison, 21 deaths (8 SIDS, 12 clear alternative cause, an… SIDS-like death in an older child) occurred in the control vaccine group during the same time pe… the efficacy study.

In a review of all hospitalizations between October 1995 and August 1999 in the efficacy study f… specific diagnoses of aplastic anemia, autoimmune disease, autoimmune hemolytic anemia, dia… mellitus, neutropenia, and thrombocytopenia, the numbers of such cases were either equal to o… than the expected numbers based on the 1995 Kaiser Vaccine Safety Data Link data set.

DOSAGE AND ADMINISTRATION

Vaccine Schedule

For infants, the immunization series of Prevnar™ consists of three doses of 0.5 mL each, at approxin… 2-month intervals, followed by a fourth dose of 0.5 mL at 12-15 months of age. The customary a… the first dose is 2 months of age, but it can be given as young as 6 weeks of age. The recomme… dosing interval is 4 to 8 weeks. The fourth dose should be administered at least 2 months after the third.

Previously Unvaccinated Older Infants and Children

For previously unvaccinated older infants and children, who are beyond the age of the routine … schedule, the following schedule applies:

Age at First Dose	Total Number of 0.5 mL Doses
7-11 months of age	3*
12-23 months of age	2†
≥ 24 months through 9 years of age	1

*2 doses at least 4 weeks apart; third dose after the one-year birthday, separated from the second … by at least 2 months.

†2 doses at least 2 months apart.

(See Prescribing Information: CLINICAL PHARMACOLOGY section for the limited avai… immunogenicity data and ADVERSE EVENTS section for limited safety data corresponding to … previously noted vaccination schedule for older children.)

Safety and immunogenicity data are either limited or not available for children in specific high… groups for invasive pneumococcal disease (e.g., persons with sickle cell disease, asplenia, HIV-infec…

Drafted: 2/17/2000 Based upon CI 6044-1 (labeling of Feb. 16, …

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"What husbands are good for"

We wives presume we're smarter than men when it comes to relationship management. But husbands *can* teach us a thing or two, if we'd only stop and listen



By Melinda Marshall. Illustration by Rebecca Gibbon

I have known my husband fourteen years. In that time I have discovered more than a few things I did not perceive going into the relationship.

He cannot, for example, get through a conversation without saying "to the extent to which." He will not follow directions of any kind, whether they're instructions on how to use the vacuum or how to operate a 400hp wood chipper. (It goes without saying he will never ask for directions.) He can't see the point of putting things away, unless he can't remember where he's left something, and then it's my fault for not having put it away for him or at least observed where he last had it.

But forget the incredibly annoying things I have learned about my husband. I have actually learned some incredibly important things *from* him—skills that just aren't part of my XX chromosomal heritage. Through pregnancy, job loss, colicky babies, fearsome in-laws, two moves and a failing septic system, he has taught me communication skills I never knew I lacked. They've probably saved my marriage.

Marriage 101

Let me inventory the most important:

1. I have learned to fight fair. My husband might disagree with me here—I am a work in progress, he'd argue—but I really have come a long way, considering my handicaps.

I used to fight like a girl. Girls, as a rule, don't come out swinging when they're ticked, preferring to mope and pout until asked, "What's the matter?" at which point they answer, choking back tears, "Nothing." They never just open fire; they wait, like a sniper, for a clear shot. They don't explode in anger; they smolder—for months.

Never mind that I am a girl. With a great deal of patience and forbearing, my husband has shown me that life is way too short—and our bed way too narrow—for me to persist in my gender-wired ways. I must say, after years of watching him explode, I am finally getting the hang of it myself. It's no fun, but then it's over—like yanking out a deep splinter. The trick is to vent feelings rather than spew accusations. Accusations only prolong the argument and the agony. Which brings me to my next point:

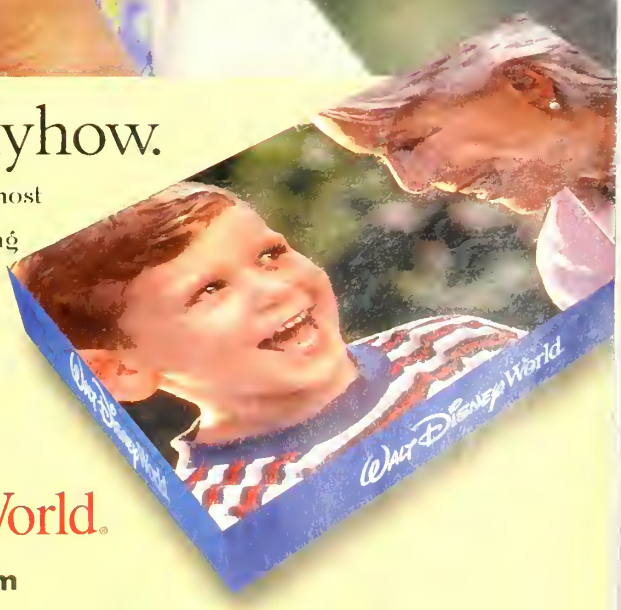
2. I have learned to blurt out what I'm feeling and ask plainly for what I want. For years, if something hurt or bothered me, I believed it was a test of our intimacy to see if my husband could figure it out. When he didn't, or *(continued on page 43)*

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ed from page 40

't, I'd condemn him—inwardly, se—for his lack of empathy pport. Then I'd punish him with d shoulder, convinced he would the deafening silence, what I I to say.

uva strategy, huh?

unately, my husband models a nt and ever-so-more-effective He speaks his mind. He does pect me to divine the content of nium. He sees that as his sibility, one he's infinitely suited to carry out. He stands that intimacy doesn't when one partner tests to see if ere—much as a plant doesn't if you keep ripping it up to for roots. Rather, it's got to be d watered regularly with heart- ntributions from both parties. ers if one of us holds back. earned I don't need to nag. ng as a means of getting a nd to do something doesn't If anything, it promotes the h of what I call "attentional scar ," a dense mental shield men n response to repeated verbal Yet it's our propensity, as wives, only continue saying the same ctive things, but also to crank up equency in hopes of getting gh. I have pleaded with my nd, to cite a teensy example, to arks from whites when he does ry and refrain from the urge nitize" the load with Clorox. as resulted in his never doing ry. A far better tactic would have o say not a word but to have ed from his wardrobe all but each-pocked polo shirts and -streaked khakis. Men, you must have noticed, respond o visual stimuli.

ave learned to listen. Sharing s on my mind is but half of the gal pact; the other half is to pay l, patient attention while he s what's on his. This means ng the temptation—and oh! is it —to finish his sentences and jump nclusions for him.

chagrined to think of all the conversations I terminated simply because I couldn't wait to render my own insightful analysis and brilliant solution. It's an occupational hazard, I think: We moms are very quick to apply Band-Aids whenever someone comes to us bleeding. But mates don't come to us for quick fixes. They want a sounding board. They actually have no problem expressing their innermost thoughts and feelings—provided we don't keep interrupting with our own. (Not to suggest that we girls should alter our communication style with each other. We're multitaskers; of course we finish each other's sentences and rush to conclusions—it's so much more efficient.)

What It Means to Be Partners

My education boils down to a study of Give and Take. Familiar as it is, I'm still wrestling with it—the sharing part, in particular. As I age, I grow less and less inclined to explain things I feel should be understood. I'm also more inclined to take the intimacy of marriage for granted, because I have less and less time and energy to nurture it.

But this is where my husband plays his critical role: He will not allow the partnership to devolve into a passive "understanding." He does not assume that because two people share chores and a home and a bed they will remain intimates. On the contrary, he figures, if we don't keep up the dialogue—as in two people taking turns talking and listening—one of us will wind up consumed by our job, our obligations to family, friends or community—to the neglect of the other.

But to be fair to myself and other women: This whole course in marital communication works because we're such apt pupils. We're the gender wired to accept instruction. We not only listen to directions, we ask for them. If it weren't for us, half of all Americans would still be circling the Washington-Baltimore beltway. And if it weren't for us—let's face it—no one would wake up to find clean, folded underwear in their bureau drawer. Not on a consistent basis. And not without bleach stains. ■

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Sexual Snafus

Men 'fess up about their morning-after regrets

By Brian Alexander

It's usually a bad idea to discuss ex-lovers with your spouse, but this time I had no choice. My wife knew from the somewhat traumatized look on my face, a look that appeared the moment she presented me with the flimsy male lingerie she had purchased, that there was a story.

"What?" she demanded.

"Nothing. It's just, well, it's nothing," I said. "Are you sure you want to see me in *that*?" ("That" was a black Lycra thong.)

I knew I was going to have to elaborate. So let me begin by explaining *why* I was wearing a G-string pouch that awful night years ago. I had a fourth date with a woman I had judged to be a fourth-date kind of girl. That night, I reckoned, was going to be *the one*. To make absolutely sure, I decided to reinforce my arsenal of charms. Since I'd always been a sucker for trashy lingerie on women, I figured she'd find the vision of me in a G-string pouch utterly irresistible. So I went out and bought one. In leopard print. Growwwl.

After dinner we went back to her place. Lickety-split, my pants were around my ankles. I struck my fists-on-the-waist Superman pose and sucked in my dinner-bloated gut. She smiled. I glanced down, horrified to learn that the pouch could not accommodate an erection. My manliness *(continued on page 47)*

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BRIEF SUMMARY (For full Prescribing Information, see package insert.)
INDICATIONS AND USAGE NASONEX Nasal Spray, 50 mcg is indicated for the treatment of the nasal symptoms of seasonal allergic and perennial allergic rhinitis, in adults and pediatric patients 3 years of age and older. NASONEX Nasal Spray, 50 mcg is indicated for the prophylaxis of the nasal symptoms of seasonal allergic rhinitis in adult and adolescent patients 12 years and older. In patients with a known seasonal allergen that precipitates nasal symptoms of seasonal allergic rhinitis, initiation of prophylaxis with NASONEX Nasal Spray, 50 mcg is recommended 2 to 4 weeks prior to the anticipated start of the pollen season. Safety and effectiveness of NASONEX Nasal Spray, 50 mcg in pediatric patients less than 3 years of age have not been established.
CONTRAINDICATIONS Hypersensitivity to any of the ingredients of this preparation contraindicates its use.
WARNINGS The replacement of a systemic corticosteroid with a topical corticosteroid can be accompanied by signs of adrenal insufficiency and, in addition, some patients may experience symptoms of withdrawal, (e.g., joint and/or muscular pain, lassitude, and depression). Careful attention must be given when patients previously treated for prolonged periods with systemic corticosteroids are transferred to topical corticosteroids, with careful monitoring for acute adrenal insufficiency in response to stress. This is particularly important in those patients who have associated asthma or other clinical conditions where too rapid a decrease in systemic corticosteroid dosing may cause a severe exacerbation of their symptoms.

If recommended doses of intranasal corticosteroids are exceeded or if individuals are particularly sensitive or predisposed by virtue of recent systemic steroid therapy, symptoms of hypercorticism may occur, including very rare cases of menstrual irregularities, acneiform lesions, and cushingoid features. If such changes occur, topical corticosteroids should be discontinued slowly, consistent with accepted procedures for discontinuing oral steroid therapy.

Persons who are on drugs which suppress the immune system are more susceptible to infections than healthy individuals. Chickenpox and measles, for example, can have a more serious or even fatal course in nonimmune children or adults on corticosteroids. In such children or adults who have not had these diseases, particular care should be taken to avoid exposure. How the dose, route, and duration of corticosteroid administration affects the risk of developing a disseminated infection is not known. The contribution of the underlying disease and/or prior corticosteroid treatment to the risk is also not known. If exposed to chickenpox, prophylaxis with varicella zoster immune globin (VZIG) may be indicated. If exposed to measles, prophylaxis with pooled intramuscular immunoglobulin (IG) may be indicated. (See the respective package inserts for complete VZIG and IG prescribing information.) If chickenpox develops, treatment with antiviral agents may be considered.

PRECAUTIONS General: Intranasal corticosteroids may cause a reduction in growth velocity when administered to pediatric patients (see **PRECAUTIONS, Pediatric Use** section). In clinical studies with NASONEX Nasal Spray, 50 mcg, the development of localized infections of the nose and pharynx with *Candida albicans* has occurred only rarely. When such an infection develops, use of NASONEX Nasal Spray, 50 mcg should be discontinued and appropriate local or systemic therapy instituted, if needed.

Nasal corticosteroids should be used with caution, if at all, in patients with active or quiescent tuberculous infection of the respiratory tract, or in untreated fungal, bacterial, systemic viral infections, or ocular herpes simplex.

Rarely, immediate hypersensitivity reactions may occur after the intranasal administration of mometasone furoate monohydrate. Extreme rare instances of wheezing have been reported.

Rare instances of nasal septum perforation and increased intraocular pressure have also been reported following the intranasal application of aerosolized corticosteroids. As with any long-term topical treatment of the nasal cavity, patients using NASONEX Nasal Spray, 50 mcg over several months or longer should be examined periodically for possible changes in the nasal mucosa.

Because of the inhibitory effect of corticosteroids on wound healing, patients who have experienced recent nasal septum ulcers, nasal surgery, or nasal trauma should not use a nasal corticosteroid until healing has occurred.

Glaucoma and cataract formation was evaluated in one controlled study of 12 weeks' duration and one uncontrolled study of 12 months' duration in patients treated with NASONEX Nasal Spray, 50 mcg at 200 mcg/day, using intraocular pressure measurements and slit lamp examination. No significant change from baseline was noted in the mean intraocular pressure measurements for the 141 NASONEX-treated patients in the 12-week study, as compared with 141 placebo-treated patients. No individual NASONEX-treated patient was noted to have developed a significant elevation in intraocular pressure or cataracts in this 12-week study. Likewise, no significant change from baseline was noted in the mean intraocular pressure measurements for the 139 NASONEX-treated patients in the 12-month study and again, no cataracts were detected in these patients. Nonetheless, nasal and inhaled corticosteroids have been associated with the development of glaucoma and/or cataracts. Therefore, close follow-up is warranted in patients with a change in vision and with a history of glaucoma and/or cataracts.

When nasal corticosteroids are used at excessive doses, systemic corticosteroid effects such as hypercorticism and adrenal suppression may appear. If such changes occur, NASONEX Nasal Spray, 50 mcg should be discontinued slowly, consistent with accepted procedures for discontinuing oral steroid therapy.

Information for Patients: Patients being treated with NASONEX Nasal Spray, 50 mcg should be given the following information and instructions. This information is intended to aid in the safe and effective use of this medication. It is not a disclosure of all intended or possible adverse effects. Patients should use NASONEX Nasal Spray, 50 mcg at regular intervals (once daily) since its effectiveness depends on regular use. Improvement in nasal symptoms of allergic rhinitis has been shown to occur within 11 hours after the first dose based on one single-dose, parallel-group study of patients in an outdoor "park" setting (park study) and one environmental exposure unit (EEU) study and within 2 days after the first dose in two randomized, double-blind, placebo-controlled, parallel-group seasonal allergic rhinitis studies. Maximum benefit is usually achieved within 1 to 2 weeks after initiation of dosing. Patients should take the medication as directed and should not increase the prescribed dosage by using it more than once a day in an attempt to increase its effectiveness. Patients should contact their physician if symptoms do not improve, or if the condition worsens. To assure proper use of this nasal spray, and to attain maximum benefit, patients should read and follow the accompanying Patient's Instructions for Use carefully.

Patients should be cautioned not to spray NASONEX Nasal Spray, 50 mcg into the eyes or directly onto the nasal septum.

Persons who are on immunosuppressant doses of corticosteroids should be warned to avoid exposure to chickenpox or measles, and patients should also be advised that if they are exposed, medical advice should be sought without delay.

Carcinogenesis, Mutagenesis, Impairment of Fertility: In a 2-year carcinogenicity study of Sprague Dawley rats, mometasone furoate demonstrated no statistically significant increase of tumors at inhalation doses up to 67 mcg/kg (approximately 3 and 2 times the maximum recommended daily intranasal dose in adults and children, respectively, on a mcg/m^2 basis). In a 19-month carcinogenicity study of Swiss CD-1 mice, mometasone furoate demonstrated no statistically significant increase in the incidence of tumors at inhalation doses up to 160 mcg/kg (approximately 4 and 3 times the maximum recommended daily intranasal dose in adults and children, respectively, on a mcg/m^2 basis).

At cytotoxic doses, mometasone furoate produced an increase in chromosome aberrations *in vitro* in Chinese hamster ovary-cell cultures in the nonactivation phase, but not in the presence of rat liver S9 fraction. Mometasone furoate was not mutagenic in the mouse-lymphoma assay and the *Salmonella/E. coli*/mammalian microsome mutation assay, a Chinese hamster lung cell (CHL) chromosomal-aberrations assay, an *in vivo* mouse bone-marrow erythrocyte-micronucleus assay, a rat bone-marrow clastogenicity assay, and the mouse male germ-cell clastogenicity assay. Mometasone furoate also did not induce unscheduled DNA synthesis *in vivo* in rat hepatocytes.

In reproductive studies in rats, impairment of fertility was not produced by subcutaneous doses up to 15 mcg/kg (less than the maximum recommended daily intranasal dose in adults on a mcg/m^2 basis). However, mometasone furoate caused prolonged gestation, prolonged and difficult labor, reduced offspring survival, and reduced maternal body weight gain at a dose of 15 mcg/kg.

Pregnancy: ***Teratogenic Effects***: ***Pregnancy Category C***: Mometasone furoate caused cleft palate in mice at subcutaneous doses of 60 mcg/kg and above (approximately 2 times the maximum recommended daily intranasal dose in adults on a mcg/m^2 basis). Offspring survival was reduced in the 180-mcg/kg group (approximately 4 times the maximum recommended daily intranasal dose in adults on a mcg/m^2 basis). No such effects were observed at 20 mcg/kg (less than the maximum recommended daily intranasal dose in adults on a mcg/m^2 basis).

In rabbits, mometasone furoate caused flexed front paws at a topical dermal dose of 150 mcg/kg (approximately 14 times the maximum recommended daily intranasal dose in adults on a mcg/m^2 basis).

In rats, mometasone furoate produced umbilical hernia, cleft palate, and delayed ossification at a topical dermal dose of 600 mcg/kg (approximately 30 times the maximum recommended daily intranasal dose in adults on a mcg/m^2 basis). At 1200 mcg/kg (approximately 60 times the maximum recommended daily intranasal dose in adults on a mcg/m^2 basis), microphthalmia, umbilical hernias, and delayed ossification were observed in rat pups.

In these developmental studies, there were also reductions in maternal body weight gain and effects on fetal growth (lower fetal body weights and/or delayed ossification) in mice (60 and 180 mcg/kg), rabbits (150 mcg/kg), and rats (600 mcg/kg).

In an oral developmental study in rabbits, at 700 mcg/kg, (approximately 70 times the maximum recommended daily intranasal dose in adults on a mcg/m^2 basis), increased incidences of resorptions and malformations, including cleft palate and/or head malformations (hydrocephaly or domed head) were observed. Pregnancy failure was observed in most rabbits at 2800 mcg/kg (approximately 270 times the maximum recommended daily intranasal dose in adults on a mcg/m^2 basis).

There are no adequate and well-controlled studies in pregnant women. NASONEX Nasal Spray, 50 mcg, like other corticosteroids, should be used during pregnancy only if the potential benefits justify the potential risk to the fetus. Experience with oral corticosteroids since their introduction in pharmacologic, as opposed to physiologic, doses suggests that rodents are more prone to teratogenic effects from corticosteroids than humans. In addition, because there is a natural increase in corticosteroid production during pregnancy, most women will require a lower exogenous corticosteroid dose and many will not need corticosteroid treatment during pregnancy.

Nonteratogenic Effects: Hypoadrenalism may occur in infants born to women receiving corticosteroids during pregnancy. Such infants should be carefully monitored.

Nursing Mothers: It is not known if mometasone furoate is excreted in human milk. Because other corticosteroids are excreted in human milk, caution should be used when NASONEX Nasal Spray, 50 mcg is administered to nursing women.

Pediatric Use: Controlled clinical studies have shown intranasal corticosteroids may cause a reduction in growth velocity in pediatric patients. This effect has been observed in the absence of laboratory evidence of hypothalamic-pituitary-adrenal (HPA) axis suppression, suggesting that growth velocity is a more sensitive indicator of systemic corticosteroid exposure in pediatric patients than some commonly used tests of HPA axis function. The long-term effects of this reduction in growth velocity associated with intranasal corticosteroids, including the impact on final adult height, are unknown. The potential for "catch up" growth following discontinuation of treatment with intranasal corticosteroids has not been adequately studied. The growth of pediatric patients receiving intranasal corticosteroids, including NASONEX Nasal Spray, 50 mcg should be monitored routinely (eg, via stadiometry). The potential growth effects of prolonged treatment should be weighed against clinical benefits obtained and the availability of safe and effective noncorticosteroid treatment alternatives. To minimize the systemic effects of intranasal corticosteroids, including NASONEX Nasal Spray, 50 mcg, each patient should be titrated to his/her lowest effective dose.

Seven hundred and twenty (720) patients 3 to 11 years of age were treated with mometasone furoate nasal spray, 50 mcg (100 mcg total daily dose) in controlled clinical trials. Safety and effectiveness in children less than 3 years of age have not been established.

A clinical study has been conducted for one year in pediatric patients (ages 3 to 9 years) to assess the effect of NASONEX Nasal Spray, 50 mcg (100 mcg total daily dose) on growth velocity. No statistically significant effect on growth velocity was observed for NASONEX Nasal Spray, 50 mcg compared to placebo. No evidence of clinically relevant HPA axis suppression was observed following a 30-minute Cosyntropin infusion.

The potential of NASONEX Nasal Spray to cause growth suppression in susceptible patients or when given at higher doses cannot be ruled out.

Geriatric Use: A total of 203 patients above 64 years of age (age range 65 to 85 years) have been treated with NASONEX Nasal Spray, 50 mcg for up to 3 months. The adverse reactions reported in this population were similar in type and incidence to those reported by younger patients.

ADVERSE REACTIONS In controlled US and International clinical studies, a total of 3210 adult and adolescent patients aged 12 years and older received treatment with NASONEX Nasal Spray, 50 mcg at doses of 50 to 800 mcg/day. The majority of patients (n = 2103) were treated with 200 mcg/day. In controlled US and International studies, a total of 990 pediatric patients (ages 3 to 11 years) received treatment with NASONEX, 50 mcg, at doses of 25 to 200 mcg/day. The majority of pediatric patients (720) were treated with 100 mcg/day. A total of 513 adult, adolescent, and pediatric patients have been treated for 1 year or longer. The overall incidence of adverse events for patients treated with NASONEX Nasal Spray, 50 mcg was comparable to patients treated with the vehicle placebo. Also, adverse events did not differ significantly based on age, sex, or race. Three percent or less of patients in clinical trials discontinued treatment because of adverse events; this rate was similar for the vehicle and active comparators.

All adverse events (regardless of relationship to treatment) reported by 5% or more of adult and adolescent patients aged 12 years and older who received NASONEX Nasal Spray, 50 mcg, 200 mcg/day and by pediatric patients ages 3 to 11 years who received NASONEX Nasal Spray, 50 mcg, 100 mcg/day in clinical trials vs placebo and that were more common with NASONEX Nasal Spray, 50 mcg than placebo, are displayed in the table below.

ADVERSE EVENTS FROM CONTROLLED CLINICAL TRIALS IN SEASONAL ALLERGIC AND PERENNIAL ALLERGIC RHINITIS (PERCENT OF PATIENTS REPORTING)

	Adult and Adolescent Patients 12 years and older		Pediatric Patients Ages 3 to 11 years	
	NASONEX 200 mcg (N = 2103)	VEHICLE PLACEBO (N = 1671)	NASONEX 100 mcg (N = 374)	VEHICLE PLACEBO (N = 376)
Headache	26	22	17	18
Viral Infection	14	11	8	9
Pharyngitis	12	10	10	10
Epistaxis/Blood-Tinged Mucus	11	6	8	9
Coughing	7	6	13	15
Upper Respiratory Tract Infection	6	2	5	4
Dysmenorrhea	5	3	1	0
Musculoskeletal Pain	5	3	1	1
Sinusitis	5	3	4	4
Vomiting	1	1	5	4

Other adverse events which occurred in less than 5% but greater than or equal to 2% of mometasone furoate adult and adolescent patients (aged 12 years and older) treated with 200-mcg doses (regardless of relationship to treatment), and more frequently than in the placebo group included: arthralgia, asthma, bronchitis, chest pain, conjunctivitis, diarrhea, dyspepsia, earache, flu-like symptoms, myalgia, nausea, and rhinitis.

Other adverse events which occurred in less than 5% but greater or equal to 2% of mometasone furoate pediatric patients aged 3 to 11 years treated with 100-mcg doses vs placebo (regardless of relationship to treatment) and more frequently than in the placebo group included: diarrhea, nasal irritation, otitis media, and wheezing.

Rare cases of nasal ulcers and nasal and oral candidiasis were also reported in patients treated with NASONEX Nasal Spray, 50 mcg, primarily in patients treated for longer than 4 weeks.

In postmarketing surveillance of this product, cases of nasal burning and irritation and rare cases of nasal septal perforation have been reported.

OVERDOSAGE There are no data available on the effects of acute or chronic overdosage with NASONEX Nasal Spray, 50 mcg. Because of low systemic bioavailability, and an absence of acute drug-related systemic findings in clinical studies, overdose is unlikely to require any therapy other than observation. Intranasal administration of 1600 mcg (8 times the recommended dose of NASONEX Nasal Spray, 50 mcg) daily for 29 days, to healthy human volunteers, was well tolerated with no increased incidence of adverse events. Single intranasal doses up to 4000 mcg have been studied in human volunteers with no adverse effects reported. Single oral doses up to 8000 mcg have been studied in human volunteers with no adverse effects reported. Chronic overdosage with any corticosteroid may result in signs or symptoms of hypercorticism (see **PRECAUTIONS**). Acute overdosage with this dosage form is unlikely since one bottle of NASONEX Nasal Spray, 50 mcg contains approximately 8500 mcg of mometasone furoate.

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AL SNAFUS

ued from page 44

out of the top of his "burrow" nervous prairie dog. Her smile into a giggle, then a guffaw, on she was gasping for breath en heaves of laughter and fits logy.

ting Tarzan underwear with one who had not even seen me Spiderman pj's proved to be f my most stinging sexual s. I blush just thinking about it. te my wife's assurances that she does want to see me in this slip cra, my regret is preventing me giving her the pleasure.

e you surprised that men have il regrets? We do have the ation, after all, of being cious and indiscriminate mers of sex. But nearly every has had at least one unfortunate in the bedroom. And these riences can affect our iages—for better and for worse.

FIRST-TIME FLOP

never heard a first-time story by a man that wasn't tinged with t. The woeful tale is usually t striking out the first time up in batter's box. Brendan*, thirty- still hasn't recovered from his very brief encounter. "I tried to but it was too late," he recalls. uldn't control myself. This was llege, and she was more rienced. Let's just say she wasn't tly satisfied. Worse, she was nizing. After she said, 'Oh, s okay,' I felt like she was going at me on the head."

nce then, Brendan says he almost r climaxes before a lover, even that he's married. "My wife ts me to climax first sometimes, just can't," he says. "Satisfying s a point of pride."

ome guys who lost their virginity young age feel even worse ne. "I was sixteen, and a girl in class practically jumped me at a ," recalls Randy*, thirty-five. "I no idea what to do. I couldn't say

names have been changed to ect privacy.



no, because I thought I'd insult her and people would think I was a wimp." So Randy and the girl had sex in a back room, an experience he remembers as "really unpleasant"; so much so that it has colored his view of sex well into adulthood, even affecting his relationship with his wife. "I grew up thinking that sex came with mixed emotions," he says. He fretted over the meaning of sexual relationships and occasionally worried about being manipulated. And he couldn't enjoy the act with abandon until his wife convinced him that their physical relationship was special. To this day, Randy still wishes he could have that first time back.

THE FORGETTABLE FLING

Like women, most guys have had at least one one-night stand they'd like to erase from memory. "My wife and I had started dating and it was getting serious, although neither of us had made any verbal commitments and were theoretically free to do whatever we wanted," recalls Edward*, forty. "At least that's how I justified having sex one afternoon with my ex-girlfriend, with whom I'd remained friendly. I went out with my wife that night and felt horrible. We've been married for six years now, and I still feel bad about it. Worse, my wife and I are still acquainted with my old girlfriend. I always wonder if my ex thinks, I've got something on you." On the other hand, Edward says the guilt-inducing fling has actually strengthened his marriage. "I'm a very attentive husband," he says.

THE BIG BLOW-OFF

Men especially regret the times they've behaved badly. In thirty-eight-year-old Eric's* case, a woman with whom he was friendly developed a huge crush on him. "I just wanted to have sex, and she was available," he says. "I kidded myself into believing she wasn't serious, either." The affair lasted about a month, including half a dozen *(continued on page 50)*

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(continued from page 47) overnights—long enough for her feelings to deepen, even as Eric began to date another woman. "It was pretty terrible when I finally told her that I was seeing somebody else and we couldn't sleep together anymore," he says. "She kept crying and asking, 'Why?' The worst part was, I didn't have a good answer."

Now Eric, who has a girlfriend, is painfully aware that it's possible to separate sex and love. When he and his girlfriend first started getting serious, he had nagging doubts about her feelings for him. "I often wondered, Is she just stringing me along until she finds something better?" he says.

Sometimes our regrets come from being on the receiving end of a blow-off. We like to view ourselves as heartbreakers, so when we get dumped, we feel as if our very manhood has been trounced. Worse, since we often see the heartbreak coming but choose to ignore the signs, we doubly regret our miscalculation and vow never to trust another woman.



Like women, most guys have at least one one-night stand they'd like to erase from their memory

Aiden*, forty-one, says there was nothing he wouldn't do for his former lover, including buying her expensive gifts and helping her with a down payment on a condominium. "I was her total slave," he recalls. "Why? Because the sex was good—very naughty and hot—and I equated sex with love." Although this happened more than a decade ago, it's as fresh in Aiden's mind as it was the day she told him that she had "lost interest because I was too nice." He was devastated.

Now happily married to a woman with a wild side, Aiden still feels somewhat insecure about his sex appeal. "I like her to be adventurous in bed, but I wonder if she's responding to me—or thinking about someone else," he says.

GETTING PAST THE SHAME

Like Aiden, I know what it's like to feel sexually insecure. Ever since the original G-string incident, my policy has been to avoid inviting disillusionment. I still suck in my gut, so why would I let my wife see me in anything actually designed to accentuate my flaws? I swallowed hard and explained the source of my embarrassment. But even after I told her the sad story of Mr. Prairie Dog, my wife held the thong with her eyebrows raised, as if to remind me that she has worn every see-through top, every absurdly high heel, every torso-constricting contraption I have foisted upon her. It was my turn.

This made me fall in love with her all over again. She listened to my tale and said, "That was then. This is now." Today, I appreciate my wife's effort to help me overcome my regret, because guess what? It turns out she really likes me in a black Lycra thong. ■

Brian Alexander's last piece for Ladies' Home Journal was "50 Things I Learned From My Wife" (August).


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Mastering the art of refusal means you can say yes to the things you really love

By Ginny Graves

You can feel it happening: A friend makes a request, and your every intention is to say no. But you're rundown, frazzled from deadlines at work and shuttling the kids to music lessons, and a yes slips out instead. It happens to all of us occasionally, especially when our defenses are down, but it doesn't have to. With our savvy guide, you can say no more often—even in the stickiest situations.

1. Before you say no or yes, consider who's asking.

Let's face it: It's a lot easier to say no to those closest to you, such as your sister, than to those with whom you have a more distant or formal relationship, such as a business colleague or even your mother-in-law. That's because you assume that those close to you will understand and be forgiving of your hectic schedule. But experts say those more difficult nos are the most important ones to voice. "We train others how to treat us," says Marion Rudin Frank, Ph.D., a clinical psychologist and assertiveness trainer in Philadelphia. "If you always say yes, that's what people will come to expect." Get into a pattern of saying yes to a particular person, and you may begin to feel hostile, an emotion that could eventually surface in the relationship. "If the *(continued)*

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Always buy time before committing: "Let me check my schedule and get back to you"



(continued) problem is with your mother-in-law, for example, you may start resenting her," says Marion Jacobs, Ph.D., an assertiveness expert and adjunct professor of psychology at the University of California, Los Angeles.

In fact, the best way to nurture all your closest relationships, whether with your mother-in-law, a neighbor or colleague, may be to establish firm boundaries. "Saying no and setting limits creates an atmosphere of respect. The other person knows she can't take you for granted," says Patti Breitman, co-author of *How to Say No Without Feeling Guilty* (Broadway Books, 2000). Consider your limited time and resources and ask yourself: Am I giving the most important people in my life the top priority? If you're not, it's time to realign your yes/no ratio. "It helps to be very clear about who and what your priorities are, so you can make your choices accordingly," says Breitman.

2. "Let me get back to you."

You can't weigh the pros and cons of a request unless you have time to reflect on it. (If your spouse or kids are going to be affected, you'll win brownie points by running the scenario past them, too.) To give yourself breathing room when someone makes a request over the phone, say, "Can I call you back in an hour or so?" If you're talking in person, say, "I need to check my schedule," or even excuse yourself to go to the bathroom, which will at least buy you a few minutes.

"The idea is to take off the immediate pressure so that you have time to figure out how you really feel about the request," says Harriet Braiker, Ph.D., author of *The Disease to Please: Curing the People-Pleasing Syndrome* (McGraw-Hill, 2001). "Having these kinds of phrases handy prevents that reflexive yes from coming out of your mouth before you've had time to decide what you really want to do."

If you decide to decline a friend's offer, insert your refusal between two positive statements: "It was so nice of you to invite me, but I won't be able to make it. Thanks for thinking of me." Or, "I'd love to spend some time with you, but I won't be able to meet you for dinner. Thanks for being so understanding." Although you may be tempted, don't feel obligated to offer elaborate explanations or apologies to acquaintances. And a simple "I'm sorry" should do for a close friend. "Usually, lots of apologies make people feel like you'll change your mind if they apply a little pressure," says Breitman.

3. Make a counteroffer.

You don't have to accept every invitation at face value. "It's usually perfectly acceptable to arrange an alternative time to do what's being asked of you," says Braiker. When a girlfriend calls to catch up, for example, it's easier to say, "I don't have time to talk right now. Can I call you back tonight after I put the kids to bed?" Or you can place a time limit on a conversation up front by saying, "I'd love to talk, but I have only about ten minutes."

This strategy can be effective in the workplace as well. When your boss asks you to take on yet another high-priority project, ask for a longer deadline—"Can I get the proposal to you in five days instead of three?" or, "Can I get those other reports to you next week instead?" That way, you're acknowledging her need to get the project done, while asserting your need for more time.

4. Refer to a "policy."

"This tactic makes your refusal seem less personal and less negotiable, so it can come in handy in a variety of situations," says Breitman. If someone asks you to serve on a committee that meets every other Thursday night, you could answer, "My family has a policy that we don't make any commitments that would take us away from home on weeknights." Although invoking a policy may be too harsh for family or good friends, you can adopt a version of it. "I know a woman from a large family who was so overwhelmed by family obligations that she only attended birthday parties for milestone birthdays that end in zero—like the tenth or twentieth," says Breitman. "She was always conscientious about sending a gift to the parties she didn't attend. And because she was consistent, no one's feelings got hurt."

5. Yes, yes, yes.

Too often, advice about how to say no overlooks one key reality: Sometimes saying no is a no-no. Turning down an extra project from the boss, for example, may not be an option, depending on your boss's temperament and other workplace realities. But don't rule it out automatically. "We assume that the *(continued)*

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person in power will say no. But if your boss is levelheaded and easy to talk to, she will probably be receptive to hearing your case," says Marion Jacobs, especially if you've gone the extra mile in the past. Of course, if your performance has been rocky, now would not be a good time to balk at more work, unless you have a competing need that simply can't wait. Then you have to weigh your priorities and take a realistic look at the potential fallout.

"Try to be objective," says Jacobs. "If you overestimate the danger of saying no—imagining, for instance, that it could cost you a promotion—you'll create a lot of unnecessary stress every time you try to say it."

Similarly, when it comes to social invitations, you need to weigh the risks and benefits. "Pay attention to how you feel when you think about going to so-and-so's party. Do you feel dread? Anticipation?" says Breitman. Then balance those feelings with the flipside: How will you feel if you don't attend the party? What will a refusal do to your long-term relationship with the person who is asking? "It might be that after considering the situation, you decide it's best to say yes," says Braiker. "But if you've weighed your options carefully, you've made an informed choice, and



that's the critical issue in break
yourself of the yes habit."

If you've already said yes to so
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Frank. Just approach the situation
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acknowledgment like, "I know y
may be very disappointed," will
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elaborate apologies or long-winc
explanations.

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you won't need to back out of pla
Then when you give someone the r
you'll feel less frazzled, more focus
and—dare we say?—even happy t
you accepted. ■

Ginny Graves wrote "Stress-Proof Your Marriage" for the November issue of Ladies' Home Journal.

LHJ BOOK BAG

For Additional Information

How to Say No Without Feeling Guilty is a realistic guide to mastering the art of saying no without hurting feelings or jeopardizing relationships. This book also gives you the language and techniques to help you decline unwelcome invitations, requests, phone calls, solicitations, and demanding friends and family members. The 256-page hardcover book sells for $29. The audio book (two cassettes) is also available for $23.

The Disease to Please offers help to anyone who has ever felt the resentment of giving 100 percent of themselves to others and getting nothing in return. This book has a twenty-one-day action plan for curing people pleasing by helping readers replace the compulsion to comply with a conscious and reasoned choice. It also contains case studies and a helpful diary and journal format. The 272-page hardcover book sells for $27.95.

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The family wellness guide

Saying "I love you," eating right and managing stress can protect your family against deadly diseases. We teamed up with the Mayo Clinic to help you help your kids make all the right health moves



Family ties: the secret to good health

Showering your kids with affection makes them feel good, but it also may improve their health for years to come. It has long been known that children who grow up in families with high levels of conflict and little affection are more likely to suffer from depression and engage in violent behavior. Now research suggests that caring family relationships not only decrease the risk of psychological problems, but also may bolster physical health.

To test how the quality of family relationships influences long-term health, researchers used data from a renowned 1950s study in which male undergrads at Harvard University completed several surveys that rated how loving, fair and hard-working their parents were. The team compared those surveys with the volunteers' recent medical files. By the time the men were in their fifties, 87 percent of those who rated their parents poorly suffered from illnesses such as coronary artery disease, hypertension and ulcers. Only 25 percent of the subjects who gave their parents high marks had similar health problems.

Other research supports these findings. In a 1998 study, Linda J. Luecken, Ph.D., an assistant professor of psychology at Arizona State University, in Tempe, examined the health effects of a stressful situation on thirty college students who had lost a parent before age sixteen, and thirty-one students who had not. Those with poor family relationships—regardless of whether they had lost a parent—had higher blood pressure and increased levels of cortisol, a stress hormone, than those from loving homes.

Why the dramatic difference? Feeling loved builds self-esteem, which, in turn, helps children make better health decisions, experts suspect. In addition, these children are more likely to have supportive relationships later in life, which have a protective health effect.

Parental affection also may trigger physiological differences. "Good parenting can cause permanent changes in how our bodies respond to stress, even in adulthood," says Luecken. Studies have revealed structural changes in the brains of animals with nurturing parents compared to those deprived of comfort during stress tests. And children without strong attachments may develop a hormonal response to anxious moments that is similar to post-traumatic stress disorder.

To give your child these inherent stress-coping skills, focus on building a strong sense of family. "It's helpful for kids to feel that 'we're all in this together.' Let them know that they can count on you," says Luecken. "And don't be afraid to show affection." — Wendy Naugle

Your weight may be your children's destiny: Teach smart food choices now to prevent later obesity By Melinda Leader

What's for dinner?



Shopping with your kids is the best way to show them what foods are really healthy

It's no surprise that children learn their eating habits from their parents. Now, more and more research is showing just how much of an influence parents have on their child's weight. According to a study in *The New England Journal of Medicine*, a six-year-old who is obese and has one heavy parent has a 71 percent chance of becoming an obese adult. Growing up with parents who aren't overweight, however, cuts that risk in half. And if a child starts at a healthy weight and his parents maintain an ideal weight, too, the risk drops to 7 percent. "Keeping your family healthy starts at the kitchen table," says Donald D. Hensrud, M.D., a nutrition and weight-management specialist at the Mayo Clinic, in Rochester, Minnesota. "With so much conflicting and incorrect nutrition information out there, it has never been more important for parents to adopt eating habits that promote good health."

To help sort through those confusing messages, *Ladies' Home Journal* teamed up with experts from the Mayo Clinic, a group of hospitals that, in addition to providing medical care, gives nutrition advice to fifteen thousand adults and children each year. Since the 1940s, many fad diets have claimed to be "the Mayo Clinic Diet" and have promised dramatic weight loss. Now, the real Mayo Clinic has published *Mayo Clinic on Healthy Weight* (Kensington Publishing, 2000) to debunk the diet myths and share the information that has been so successful for patients. "The goal is to make long-lasting lifestyle changes to better your health," says Hensrud, who edited the book.

The Mayo Clinic plan, which emphasizes an active lifestyle and smart food choices, is centered around the Healthy Food Pyramid, a modified version of the USDA's Food Guide Pyramid. Why break away from the government's plan? Studies show that fruits and vegetables are an integral part of health and *(continued)*



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**J. Judd, et al., F.A.S.E.B. 2000. Individual results may vary.

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(continued) disease prevention. Recognizing that most Americans don't get the recommended number of servings each day, the Mayo team decided to make fruits and vegetables, not carbohydrates, the foundation of the pyramid (see "The Building Blocks of Success," below). The Mayo Clinic plan also stresses foods that are less energy-dense, since this allows you to eat more for the same number of calories. For example, instead of ¼ cup of raisins, the healthy eating plan suggests 2 cups of grapes, both of which have 100 calories.

Why we're heavier

According to the USDA, Americans eat an average of 2,002 calories per day, up from 1,854 calories in 1978. Without any increase in physical activity, that translates into a weight gain of fifteen pounds per year. Just as bad: Those extra calories don't provide more nutrients. The same USDA survey found that people in most age groups fall short of the RDA of vitamins B_6 and E, calcium, iron, magnesium and zinc—perhaps because only 23 percent got the recommended servings of fruit and 41 percent the recommended servings of vegetables. The Mayo plan suggests simple ways to help your family eat right:

Watch portion sizes. Adults are often told to keep serving sizes in check, but it's important to serve children proper portion sizes, too. Until about age three, children tend to stop eating when they feel full. But by age five, full or not, a child learns to clean his plate, even if it's piled high, according to research at Pennsylvania State University, in Philadelphia. And if a child is constantly served he-man helpings, it's harder for him to learn what is an appropriate serving size.

Don't let junk food crowd out nutrients. More than one third of adolescents don't get enough of vitamins A and E, calcium and zinc, according to a recent study. Experts suspect that these nutrients are crowded out by sweetened drinks and fatty snack foods. In the last twenty-five years, soft-drink consumption has increased 130 percent, and fruit-drink consumption has jumped 90 percent. Other research found that as many as 25 percent of Americans' calories come from cookies, candy and other foods that tend to be high in calories, fat and sugar. Though it's no easy task, do try to steer your child away from soda and encourage her to drink skim milk instead. Satisfy a sweet tooth with fruit for dessert.

Choose calcium-rich foods. As many as 70 percent *(continued on page 66)*

The Building Blocks of Success

You can enjoy moderate amounts of healthy carbohydrates, protein and fat, dairy products and occosionol sweets and still reoch your ideal weight. The Mayo Clinic's Healthy Food Pyramid tells how many servings of each to eat per day:



Sweets: Should not exceed 525 calories a week

Fats: (3 to 5 servings) One serving of fat, about 1 teaspoon oil or 1 tablespoon nuts equals 45 calories

Protein/dairy: (3 to 7 servings) One serving, or about ½ cup beans, 3 ounces of meat or fish, or 1 cup skim milk equals 70 calories

Carbohydrates: (4 to 8 servings) One serving, about ½ cup of cereal or one slice of bread equals 70 calories

Vegetables and fruits: (minimum 4 servings of each) One serving of vegetables (2 cups leafy or 1 cup solid) equals 25 calories, one serving of fruit (½ cup sliced) equals 60 calories

PHOTOS EXCEPT THOSE INDICATED

"One of the most important things you can do about estrogen loss at menopause is understand it."



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There can be side effects with PREMPRO. Estrogen can increase the risk of cancer of the uterus. Progestin combined with estrogen, as in PREMPRO, reduces this risk. Women who have had a hysterectomy do not have this risk. PREMPRO contains progestin, which may have unfavorable effects on blood sugars and may worsen a diabetic condition. Side effects of PREMPRO include blood clots, nausea, abdominal pain, breast tenderness, irregular bleeding, headache, and hair loss.

PREMPRO is not for every woman. You should not take PREMPRO if you have had any breast or uterine cancer, abnormal vaginal bleeding, abnormal blood clotting, liver or heart disease, stroke, or if you think or know you are pregnant. Pregnant women should not take PREMPRO because of possible risk to the fetus. Tell your doctor about your personal and family medical history.

Protect your health now with PREMPRO. If you're in menopause or beyond, ask your doctor if PREMPRO, with its proven protection against osteoporosis and relief of menopausal symptoms, is right for you. For more information, talk to your doctor today about PREMPRO. Or call **1-800-753-1174**, or visit our Web site at **www.prempro.com**.

Please see the important information on the following page.

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(conjugated estrogens/medroxyprogesterone acetate tablets)
0.625 mg/2.5 mg

You can be in the early stages of osteoporosis and not even know it. Ask your doctor about tests for osteoporosis, such as Bone Mineral Density testing. And ask how PREMPRO can help prevent this serious disease.

The No.1 Prescribed Hormone Replacement Therapy.

BRIEF SUMMARY OF PRESCRIBING INFORMATION FOR THE PATIENT

PREMPRO™ Brand of conjugated estrogens/medroxyprogesterone acetate tablets.

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Your physician has prescribed PREMPRO or PREMPHASE, a combination of 2 hormones, an estrogen and a progestin. This summary describes the major benefits and risks of your treatment, as well as how and when treatment should be taken.

PREMPRO and PREMPHASE replace the hormones in your body which naturally decrease at menopause. The hormone combination you will be taking has been shown to provide the benefits of estrogen replacement therapy while lowering the frequency of a possible precancerous condition of the uterine lining. This therapy is not intended for women who have had a hysterectomy (surgical removal of the uterus).

Estrogens have several important uses but also some risks. You must decide, with your doctor, whether the risks of estrogens are acceptable when weighed against their benefits. The length of treatment with estrogens can vary from woman to woman. Check with your doctor to make sure you are using the lowest possible effective dose.

With PREMPRO or PREMPHASE therapy several menstrual-like bleeding patterns may occur. These may range from absence of bleeding to irregular bleeding. If bleeding occurs, it is frequently light spotting or moderate menstrual-like bleeding, but it may be heavy. If you experience vaginal bleeding while taking PREMPRO or PREMPHASE you should discuss your bleeding pattern with your doctor and set up an appropriate schedule for follow-up care.

USES OF ESTROGEN

To reduce moderate to severe menopausal symptoms. Estrogens are hormones produced by the ovaries of normal women. When a woman is between the ages of 45 and 55, the ovaries normally stop making estrogens. This leads to a drop in body estrogen levels that causes the "change of life" or menopause (the end of monthly menstrual periods). A sudden drop in estrogen levels also occurs if both ovaries are removed during an operation before natural menopause takes place. This is referred to as "surgical menopause."

When the estrogen levels begin dropping, some women develop very uncomfortable symptoms, such as feelings of warmth in the face, neck, and chest, or sudden intense episodes of heat and sweating ("hot flashes" or "hot flushes"). Using estrogen drugs can help the body adjust to lower estrogen levels and reduce these symptoms. In some women the symptoms are mild, in others they can be severe. These symptoms may last only a few months or longer. Taking PREMPRO or PREMPHASE can alleviate these symptoms. If you are not taking hormones for other reasons, such as the prevention of osteoporosis, you should take PREMPRO or PREMPHASE only as long as you need it for relief from your menopausal symptoms.

To prevent thinning of bones. Osteoporosis is a thinning of the bones that makes them weaker and allows them to break more easily. The bones of the spine, wrists, and hips break most often in osteoporosis. Both men and women start to lose bone mass after about age 40, but women lose bone mass faster after the menopause. Using estrogens after the menopause slows down bone thinning and may prevent bones from breaking. Lifelong adequate calcium intake, either from diet (such as dairy products) or from calcium supplements (to reach a total daily intake of 1,000 milligrams per day before menopause or 1,500 milligrams per day after menopause), may help to prevent osteoporosis. Regular weight-bearing exercise (like walking and running for an hour, 2 or 3 times a week) may also help to prevent osteoporosis. Before you change your calcium intake or exercise habits, it is important to discuss these lifestyle changes with your doctor to find out if they are safe for you.

Since estrogen use has some risks, only women who are likely to develop osteoporosis should use estrogens for prevention. Women who are likely to develop osteoporosis often have the following characteristics: White or Asian race, small, slim body frame, cigarette-smoking habit, family history of osteoporosis (in a mother, sister, or aunt), early menopause either natural or because of surgical removal of ovaries ("surgical menopause").

To treat vulvar and vaginal atrophy (itching, burning, dryness in or around the vagina, difficulty or burning on urination) associated with menopause.

WHO SHOULD NOT USE ESTROGENS

During pregnancy. If you think you may be pregnant, do not use any form of estrogen-containing drug. Using estrogens while you are pregnant may cause your unborn child to have birth defects. Estrogens do not prevent miscarriage.

If you have unusual vaginal bleeding which has not been evaluated by your doctor. Unusual vaginal bleeding can be a warning sign of cancer of the uterus, especially if it happens after menopause. Your doctor must find out the cause of the bleeding so that he or she can recommend the proper treatment. Taking estrogens without visiting your doctor can cause you serious harm if your vaginal bleeding is caused by cancer of the uterus.

If you have had cancer. Since estrogens increase the risk of certain types of cancer, you should not use estrogens if you have ever had cancer of the breast or uterus.

If you have any circulation problems. Estrogen drugs should not be used except in unusually special situations in which your doctor decides that you need estrogen therapy so much that the risks are acceptable. Women with abnormal blood clotting conditions should avoid estrogen use (see **RISKS OF ESTROGENS AND/OR PROGESTINS**).

When they do not work. During menopause, some women develop nervous symptoms or depression. Estrogens do not relieve these symptoms. You may have heard that taking estrogens for years after menopause will keep your skin soft and supple and keep you feeling young. There is no evidence for these claims and such long-term estrogen use may have serious risks.

After childbirth or when breastfeeding a baby. Estrogen should not be used to try to stop the breast from filling with milk after a baby is born. Such treatment may increase the risk of developing blood clots (see **RISKS OF ESTROGENS AND/OR PROGESTINS**). If you are breastfeeding, you should avoid using any drugs because many drugs pass through to the baby in the milk. While nursing a baby, you should take drugs only on the advice of your health care provider.

RISKS OF ESTROGENS AND/OR PROGESTINS

Cancer of the uterus. If you use any drug which contains estrogen, it is important to visit your doctor regularly and report any unusual vaginal bleeding right away. Vaginal bleeding after menopause may be a warning sign of uterine cancer. Your doctor should evaluate any unusual vaginal bleeding to find out the cause.

The risk of cancer of the uterus increases when estrogens are used alone, the longer they are used, and when larger doses are taken. There is a higher risk of cancer of the uterus if you are overweight, diabetic, or have high blood pressure. The hormone combination you will be taking contains estrogen and progestin. This combination has been shown to provide the benefits of estrogen replacement therapy for the **USES OF ESTROGEN** listed above, while reducing the risk of a precancerous condition of the uterine lining (see **OTHER INFORMATION,** below).

However, additional risks may be associated with the inclusion of a progestin in estrogen treatment. The possible risks include less favorable effects on blood fats as compared to Premarin® (conjugated estrogens tablets, USP) alone, unfavorable effects on blood sugars, and a possible increase in breast cancer risk (see *Cancer of the breast,* below). Usually, the smaller the dose and the shorter the duration of treatment, the more these effects are minimized. Check with your doctor to make sure you are using the lowest effective dose and only for as long as you need it.

If you have had your uterus removed, there is no risk of developing cancer of the uterus and no benefit to be gained by using a combination estrogen/progestin product.

Cancer of the breast. Most studies have not shown a higher risk of breast cancer in women who have ever used estrogens. However, some studies have reported that breast cancer developed more often (up to twice the usual rate) in women who used estrogens for long periods of time (especially more than 10 years), or who used high doses for shorter time periods. The effects of added progestin on the risk of breast cancer are unknown. Some studies have reported a somewhat increased risk, even higher than the possible risk associated with estrogens alone. [illegible] not. Regular breast examinations by a health professional and monthly self-examination are recommended for women. Regular mammograms are recommended for all women over 50 years of age.

Gallbladder disease. Women who use estrogens after menopause are more likely to develop gallbladder disease needing surgery than women who do not use estrogens.

Inflammation of the pancreas. Women with high triglyceride levels may have an increased risk of pancreatitis inflammation of the pancreas.

Abnormal blood clotting. Taking estrogens may cause changes in your blood clotting system. These changes allow the blood to clot more easily, possibly allowing clots to form in your bloodstream. If blood clots form in your bloodstream, they can cut off the blood supply to vital organs, causing serious problems. These problems include a stroke (by cutting off blood to the brain), a heart attack (by cutting off blood to the heart), a pulmonary embolus (by cutting off blood to the lungs), or other problems. Any of these conditions may cause death or serious long-term disability.

Heart disease. A recent 4-year study suggests that women with a history of coronary heart disease may have increased risk of serious cardiac events during the first year of treatment with estrogen/progestin therapy. [illegible] if you have had a heart attack, or you have been told you have blocked coronary arteries (arteries to your heart). If you have any heart problem, you should consult your physician regarding the potential benefits and risks of estrogen/progestin therapy.

Excess calcium in the blood. Taking estrogens may lead to severe hypercalcemia in women with breast cancer or bone cancer.

During pregnancy. There is an increased risk of birth defects in children whose mothers take this drug during the first four months of pregnancy. Several reports suggest an association between mothers who take these drugs during the first trimester of pregnancy and genital abnormalities in male and female babies. The risk to the male baby is the possibility of being born with a condition in which the opening of the penis is on the underside rather than the tip of the penis (hypospadias). Hypospadias occurs in about 5 to 8 per 1,000 male births and is about double with exposure to these drugs. There is not enough information to quantify the risk to exposed female fetuses. [illegible] enlargement of the clitoris and fusion of the labia may occur, although rarely.

Therefore, since drugs of this type may induce mild masculinization of the external genitalia of the female as well as hypospadias in the male fetus, it is wise to avoid using the drug during the first trimester of pregnancy. These drugs have been used as a test for pregnancy, but such use is no longer considered safe because of the damage to a developing baby. Also, more rapid methods for testing for pregnancy are now available. If you take PREMPRO or PREMPHASE and later find you were pregnant when you took it, be sure to discuss this with your doctor as soon as possible.

SIDE EFFECTS WITH ESTROGENS AND/OR PROGESTINS

In addition to the risks listed above, the following side effects have been reported with estrogen and/or progestin use: Nausea, vomiting, pain, cramps, swelling, or tenderness in the abdomen. Yellowing of the skin and/or whites of the eyes. Breast tenderness or enlargement. Enlargement of benign tumors ("fibroids") of the uterus. Changes in bleeding or spotting. Change in amount of cervical secretion. Vaginal yeast infections. Retention of excess fluid (this may make some conditions worsen, such as asthma, epilepsy, migraine, heart disease, or kidney disease). Blotchy darkening of the skin, particularly on the face; reddening of the skin, skin rashes. Worsening of porphyria. Headache, migraines, dizziness, faintness, or changes in vision (including intolerance to contact lenses). Mental depression. Involuntary muscle spasms. Hair loss or abnormal hairiness. Increase or decrease in weight. Change in sex drive. Possible changes in blood sugar.

REDUCING THE RISKS OF ESTROGEN/PROGESTIN

If you decide to take an estrogen/progestin combination, you can reduce your risks by carefully monitoring your treatment.

See your doctor regularly. While you are taking PREMPRO or PREMPHASE, it is important to visit your doctor at least once a year for a checkup. If you develop vaginal bleeding while taking estrogens, you may need further evaluation. If members of your family have had breast cancer or if you have ever had breast lumps or an abnormal mammogram (breast X-ray), you may need to have more frequent breast examinations.

Reassess your need for treatment. You and your doctor should reevaluate whether or not you still need estrogens at least every 6 months.

Be alert for signs of trouble. If any of these warning signals (or any other unusual symptoms) happen while you are using estrogen/progestin, call your doctor immediately:

- Abnormal bleeding from the vagina (possible uterine abnormality).
- Pains in the calves or chest, a sudden shortness of breath or coughing blood (indicating possible clots in the heart, or lungs).
- Severe headache or vomiting, dizziness, faintness, or changes in vision or speech, weakness or numbness in arm or leg (indicating possible clots in the brain or eye).
- Breast lumps (possible breast cancer; ask your doctor or health professional to show you how to examine breasts monthly).
- Yellowing of the skin and/or whites of the eyes (possible liver problems).
- Pain, swelling, or tenderness in the abdomen (possible gallbladder problem).

OTHER INFORMATION

1. Estrogens increase the risk of developing a condition (endometrial hyperplasia) that may lead to cancer of the lining of the uterus. Taking progestins, another hormonal drug, with estrogens lowers the risk of developing this condition. Therefore, since your uterus has not been removed, your doctor has prescribed PREMPRO or PREMPHASE, which includes both a progestin and estrogens.

You should know, however, that taking estrogens *with* progestins may have unhealthy effects on blood sugar which might make a diabetic condition worse. Additional risks include a possible further increase in breast cancer risk which may be associated with long-term estrogen use.

Some research has shown that estrogens taken *without* progestins may protect women against developing heart disease. However, this is not certain. The protection shown may have been caused by the characteristics of estrogen-treated women and not by the estrogen treatment itself. In general, treated women were slimmer, more physically active, and were less likely to have diabetes than the untreated women. These characteristics are known to protect against heart disease.

You are cautioned to discuss very carefully with your doctor or health care provider all the possible risks and benefits of long-term estrogen and progestin treatment as they affect you personally.

2. Your doctor has prescribed this drug for you and you alone. Do not give the drug to anyone else.

3. If you will be taking calcium supplements as part of the treatment to help prevent osteoporosis, check with your doctor about the amounts recommended.

4. Keep this and all drugs out of the reach of children. In case of overdose, call your doctor, hospital, or poison control center immediately.

5. This summary provides the most important information about PREMPRO and PREMPHASE. If you want to know more, ask your doctor or pharmacist to let you read the professional labeling. The professional labeling is also published in a book called the *Physicians' Desk Reference,* which is available in bookstores and public libraries.

Keep out of reach of children.

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Revised November 23, 19[illegible]

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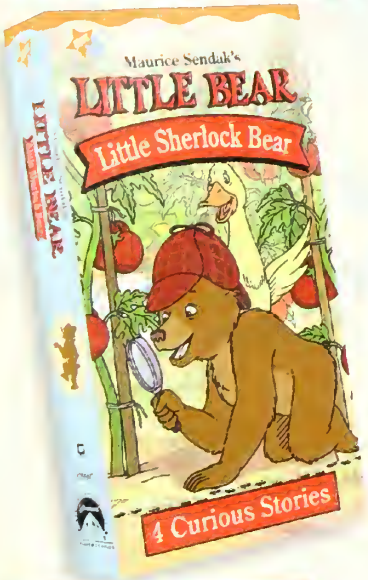
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Continued from page 62

of children between the ages of six and eleven don't get enough calcium each day, which is important for growing bones, healthy teeth and muscle function. Calcium is just as important for women, who need extra protection against osteoporosis. In addition to dairy sources, try dark leafy greens and canned salmon.

Eat more fruits and veggies. Americans eat more potatoes than any other vegetable, and more than one third of children and young adults eat them primarily as French fries. Encourage your family to eat green, orange and yellow vegetables (intense colors are a sign that vegetables contain more disease-fighting antioxidants), as well as legumes.

Switch to whole grains. Eighty-six percent of Americans get their carbohydrates from non-whole-grain sources. Whole grains are rich in B vitamins and fiber.

Don't rule out red meat. Girls who are deficient in iron and vitamin A and have a low percentage of body fat may experience a delay in the onset of menstruation. Premenopausal women, who lose about 15 to 20 milligrams of iron each month during menstruation, need to take in about 15 milligrams of iron per day. One serving of lean red meat a week can help build iron stores. Shellfish and spinach are also good sources of iron.



Get kids munching on healthful snacks

Cut back on salt. Men consume an average of 4,074 milligrams of sodium per day—far more than the recommended limit of 2,400 milligrams. High sodium levels increase the risk of hypertension, which can lead to heart disease.

A family plan

How can you incorporate all of these dietary guidelines into one meal that the whole family will like? "Chances are, the recipes your family already loves can be made healthfully," says Mark Glen, a dietitian at the Mayo Clinic who has two young children and one on the way. "By using low-fat dairy products and leaner sources of protein and limiting fat and salt, your family can still enjoy their favorites."

Superfoods

If you need to fix dinner in fifteen minutes or less and want to feel confident you're covering the nutritional bases, choose some of these food heavyweights:

Broccoli—½ cup of frozen broccoli has almost 4 grams of fiber, which will help you reach the 20 to 35 gram target advised by most experts.

Cantaloupe—¼ melon supplies almost all the vitamin A and C a child needs a day.

Strawberries—Just ½ cup of raw berries has 45 milligrams of vitamin C, more than half the 75 milligrams RDA for women.

Whole-Wheat Pasta—½ cup has 3 grams more fiber than and twice the iron of its white counterpart.

Beans—Inexpensive and low in fat, beans are packed with protein—kidney beans have about 7 grams per ½ cup.

Poultry—One 3-ounce skinless chicken breast has less than 3 grams of fat, compared with a whopping 19 grams in a ¼ pound of hamburger.

Salmon—one of the best sources of heart-healthy omega-3 fatty acids.

Olive Oil—contains mostly monounsaturated fats. Diets rich in olive oil have been linked to lower levels of obesity and fewer cancers.

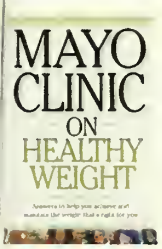
example, macaroni and cheese made with low-fat cheese. Add ty three-bean salad with mixed ables, and you'll have a bal- meal with carbohydrates, dairy, in and vegetables. Soft-shell filled with lean meat, low-fat se, lettuce and tomatoes (use yogurt instead of sour cream) can be a well-rounded meal. (For recipe makeover ideas, log on to *.mayohealth.org.*)

ost important, adopt changes you ive with. "People need to make stments they can keep in their tyle forever," says Hensrud. "If can't give up a certain treat, find a to work it into a balanced diet."

may not be easy to get your kids hange their ways. Try to appease taste buds by including at least of their favorite foods in each l. And ask them to help with pping and cooking—this gives you aching opportunity and encour- s them to become more involved meal decisions. And relax when r kids occasionally splurge on k food. In the end, the healthy its they learn from you are what lly make a difference. ■

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Family stress makeovers

Are your mornings a race against the clock? Evenings exhausting? Even the busiest families can conquer the chaos

By Jan Sheehan



The Emricks juggle three kids, plus two school pickups and one soccer practice

Every family has its daily dose of stress—for some, it's rushed mornings; for others, it's the dreaded mealtime meltdowns. Obviously, there's no magic pill to erase all the pressures of family life. But could fine-tuning your daily routines—from the time the kids wake up until your head hits the pillow at night—minimize stress and maximize serenity?

To find out, we asked two busy families to undergo a stress makeover. Danielle and Sean Emrick, an at-home mom and working dad, and Lisa and Bob Callahan, two working parents, kept track of the frantic moments—as well as the calm ones—during a typical day. Then Allen Elkin, Ph.D., director of the Stress Management & Counseling Center, in New York City, and author of *Stress Management for Dummies* (IDG Books, 1999), analyzed each day and offered stress-busting strategies for each family. Read on to find out which tips might work for yours.

EVENING ANXIETIES

THE EMRICK FAMILY

Couple: Danielle, 31; Sean, 32

Kids: Braeden, 6; Keegan, 4; Marin, 23 months

Family Profile: Danielle is an at-home mom; Sean owns a construction company in Eugene, Oregon. Braeden is in kindergarten; Keegan attends preschool; and Marin is home full-time.

Super-Stress Time: Dinner

ONE-DAY DIARY:

Sean gets up at five-thirty A.M. and leaves for work before his family awakens. At six-thirty, Danielle rises and dresses, then wakes all three kids at seven. While she changes the baby, the two boys dress themselves and head to the kitchen for breakfast. Today it's eggs and toast, their favorite. School begins at eight-thirty, and everyone is ready to go by eight. They pile into the car for the fifteen-minute drive.

Mid-morning is calm and quiet. Danielle takes Marin along on errands, then cleans the house and makes phone calls while Marin naps. At two-fifteen, Danielle leaves to pick up the boys from school. Although Keegan's preschool lets out at twelve-thirty, he stays in an after-care program until two-thirty. "I've scheduled it so I have to make only one trip," explains Danielle. When she arrives, Keegan is napping and refuses to budge. Finally, they head to pick up Braeden at two forty-five.

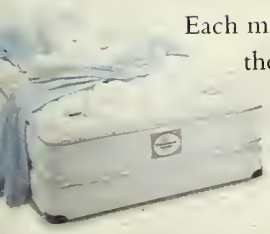
The family hurries home to get ready for the next event of the day: Braeden's four P.M. soccer practice. But because Danielle spent time chatting with Braeden's teacher, they don't get home until three-fifteen. "Now we have only a half hour for the kids to unpack their bags, grab a snack and use the bathroom," says Danielle. It takes ten minutes to get everyone into the car, since Keegan has forgotten his jacket and Braeden his soccer gear. "We're behind schedule, so I'm starting to stress," says Danielle.

When they make it to soccer on time, Danielle heaves a sigh of relief. While Braeden plays, she goes for a run, pushing the two younger kids in a jogging stroller.

They're home by five-thirty, and Danielle begins cooking dinner. Since she often prepares elaborate meals, "it's stressful *(continued)*

'S 11:00 A.M. AND IT *already feels* LIKE 11:00 P.M.





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Splitting the chauffeur duties is one way to ease stress

(continued) because of the timing of all the food," says Danielle. "I'm trying to concentrate on dinner, but the kids are acting up. And I'm starting to tire from my day, so I'm grumpy, too." Today, she's serving pork roast with chutney, a rice dish and salad. "I make all of my sauces and dressings from scratch," she adds, "so that takes extra time."

> "When the kids are acting up, I'm grumpy too," says Danielle

Sean arrives home at six-thirty. The kids run to their dad, who takes command of child care while Danielle finishes dinner and gets the meal on the table.

Braeden and Keegan aren't thrilled about the offerings, and Marin wails loudly in her high chair. Danielle holds the baby while urging the boys to eat. Braeden leans back in his chair and topples over. With everyone back in their seats, the parents attempt to carry on a conversation with the boys about their day, but the kids have no interest in talking—or eating—and want to go play. "Maybe I expect too much," concedes Danielle. "But I spend all this time on dinner, and then it's a disaster. But I don't want to change things because I want my kids to have good memories of dinner as a family."

Afterward, Sean clears the table and does the dishes while Danielle gives the kids their baths and reads them three stories—one chosen by each child. By eight forty-five, the little ones are asleep. Since the parents' bedtime is generally at ten, Danielle often plans the next day's menus and lays out the kids' clothing. "But tonight I just don't have the energy. I hit the sheets at nine," says Danielle.

STRESS R_x:

"The Emricks have the morning routine down pat," praises Elkin. The ferrying from school to home to practice later in the day causes some craziness, however. Rather than playing chauffeur, Danielle might split the driving with other parents. "That would help reduce her stress on days when she has lots to do," says Elkin.

To speed up the boys, Danielle could create a reward system for getting from house to car *(continued)*

Patient Information about IMITREX Tablets for migraine headach
Generic name: sumatriptan succinate
Please read this summary of information about IMITREX before
doctor or start using IMITREX. No summary can take the place
cussion between you and your doctor. Only your doctor has the
and the complete prescribing information necessary to determine
is right for you. Once you read this summary, you should dis
doctor whether IMITREX is appropriate treatment for you and as
you may have.
WHAT IS IMITREX?
IMITREX is the brand name of sumatriptan, a drug intended
migraine headaches but not to prevent or reduce the numb
headaches you experience. IMITREX should be used only to
migraine attack. IMITREX can be obtained only with a doctor's p
should be used by adults only after discussing the choice with you
into account your individual preferences and medical circumstanc
HOW DOES IMITREX WORK?
How IMITREX works is not completely understood. IMITREX is a
that seems to relieve migraine headaches by acting like a brain che
hydroxytryptamine, causing some blood vessels in the head that a
ing a migraine to constrict (that is, to become smaller), which
migraine headache.
IMPORTANT SAFETY CONSIDERATIONS
Although the vast majority of patients who have taken IMITREX
perienced any significant side effects, some patients have exper
heart problems and, rarely, considering the extensiveness of IMITR
wide, deaths have been reported. In all but a few instances, ho
problems occurred in patients with known heart disease, and it
whether IMITREX was a contributing factor in these deaths.
Serious events relating to the blood vessels in the head (e.g. brain
stroke) have been reported in patients who were taking IMITREX
have resulted in death; however, the relationship of IMITREX to t
uncertain. In a number of these cases it appears possible that pat
experiencing a migraine but rather an event due to blood vessel
head. IMITREX was given in the incorrect belief that the person
suffering a migraine. Therefore, you should not take IMITREX if the
are experiencing is different from your usual migraine attacks. Peo
from migraines may be at increased risk of certain blood vessel even
(e.g., hemorrhage, stroke, or transient ischemic attack).
Ask your doctor about these and additional safety considerations.
WHO SHOULD NOT TAKE IMITREX?
Some types of migraine headaches should not be treated with
some patients should not take IMITREX because of an increased r
side effects.
- If you have had a heart attack, stroke, transient ischemic attac
vascular disease (including ischemic bowel disease or Raynaud's
any sort of heart disease or symptoms that are associated with c
blood vessels, such as ischemic heart disease, angina, or co
vasospasm, you should not use IMITREX.
- If you have uncontrolled high blood pressure, you should not use
- If you are taking certain drugs for depression, talk with your doc
should not be used if you take or have taken within the l
monoamine oxidase inhibitors (MAOIs).
- Your doctor will discuss with you the type of migraine headaches
you have hemiplegic or basilar migraine, you should not tak
IMITREX should be used only in patients who have been diagnose
cian as having migraine with or without aura.
- Tell your doctor about any other medications you are taking. If you
ly taking any migraine medications that include ergot alkaloids, sus
sergide or dihydroergotamine, or other 5-HT$_1$ agonists, do not ta
within 24 hours of taking these medications.
- Do not take IMITREX if you are allergic to sumatriptan or any of the
in IMITREX.
- If you have severe liver disease, you should not use IMITREX.

**WHAT MEDICAL PROBLEMS OR CONDITIONS SHOULD I DISCUSS
DOCTOR?**
- If you have risk factors for heart problems, you should tell your
doctor should examine you for heart disease to see whether IMITR
priate for you. Risk factors include high blood pressure, high chole
sity, diabetes, and smoking. Other patients with risk factors for h
are women who are past menopause (whether natural men
menopause resulting from surgery), men over 40 years old, or pat
family history of heart disease. If you have risk factors and your ev
heart disease is satisfactory, your doctor may ask you to take the f
IMITREX in the doctor's office.
- Tell your doctor if you have chest pains, shortness of breath, or irre
beats.
- Tell your doctor if you are taking selective serotonin reuptake inhibito
- Tell your doctor if you have a history of epilepsy or seizures.
- Tell your doctor if you have liver or kidney problems.
- Tell your doctor if you have ever had to stop taking any medication
an allergy or other problems.

USE OF IMITREX DURING PREGNANCY AND BREAST-FEEDING
Do not take IMITREX if you are pregnant, think you may be pregnant
to become pregnant, are not using adequate birth control methods, or
feeding, unless you have discussed this with your doctor.
HOW TO USE IMITREX TABLETS
For adults, the usual dose is a single tablet taken whole with fluids. A se
may be taken if your symptoms of migraine come back or if you h
response to the first dose, *but no sooner than 2 hours after taking the*
For a given attack, if you have no response to the first tablet, do not tak
tablet without first consulting with your doctor. Do not take more tha
200 mg of IMITREX Tablets in any 24-hour period.
**The safety of treating an average of more than four headaches in
period has not been established.**
WHAT ARE THE POSSIBLE SIDE EFFECTS OF USING IMITREX?
Do not rely on this summary alone for information about side effects
tor can discuss with you a more complete list of side effects that may
to you. The most frequently seen side effects are tingling and warm/c
tions with IMITREX Tablets.
- Some patients feel pain or tightness in the chest or throat wi
IMITREX. If this happens to you, discuss it with your doctor before
more IMITREX. If the pain is severe or does not go away, call yo
immediately.
- If you have sudden or severe abdominal pain after taking IMITREX
doctor immediately.
- Shortness of breath, wheeziness; heart throbbing; swelling of the eye
or lips, or a skin rash, skin lumps, or hives happen rarely, but if they
you, tell your doctor immediately. Do not take any more IMITREX un
doctor tells you to.
- Some patients have feelings of tingling, heat, flushing (redness of the
ing a short time), heaviness, or a feeling of pressure after taking IMITR
patients may feel drowsy, dizzy, tired, sick. Tell your doctor about the
at your next visit.
- If you feel unwell in any other way or have any problem that you do n
stand after taking IMITREX, tell your doctor immediately.

WHAT SHOULD I DO IF I TAKE AN OVERDOSE?
If you have taken more medication than you have been told, contact e
doctor, a hospital emergency department, or the nearest poison contr
immediately.
HOW SHOULD I STORE IMITREX?
Be sure to keep your medicine in an area that cannot be reached by ch
may be harmful to children.
IMITREX Tablets should be stored at room temperature and do not requ
eration. Do not store above 86° F (30° C) or below 36° F (2° C). Store a
heat and light. If your medication has expired (the expiration date is print
label) throw it away as instructed. If your doctor decides to stop your t
with IMITREX, do not save any leftover medication unless your doctor te
do so. Throw it away as instructed.

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Research Triangle Park,



IF YOUR MIGRAINE MEDICINE JUST DULLS THE PAIN, IT'S NOT TARGETING YOUR TOTAL MIGRAINE.



TALK TO YOUR DOCTOR OUR MIGRAINE MEDICINE ISN'T RGETING YOUR OTAL MIGRAINE

- Severe, throbbing pain
- Nausea
- Sensitivity to light
- Sensitivity to sound

migraine is more than pain. Yet too often, migraine sufferers e for general pain relievers that only dull the pain but do ning for the other, debilitating symptoms. To get relief that ets your total migraine, make sure your doctor understands our symptoms and if they disrupt your life.

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Unlike general pain relievers, IMITREX Tablets do more than dull your pain. IMITREX targets your total migraine...the bbing pain, the nausea, the sensitivity to light and sound. t's because IMITREX was the first medicine of its kind believed arget the nerves and blood vessels that can trigger pain and r other migraine symptoms.

Migraine science has come a long, long way. Thanks to medical ances like IMITREX, millions have found real, targeted relief.

IMITREX is effective no matter when you take it and works without making you drowsy. So you can get on with whatever you want and need to do.

IMITREX IS AMERICA'S #1 PRESCRIPTION MIGRAINE MEDICINE[1]

Eight million migraine sufferers have already discovered IMITREX. So if you're ready for the targeted migraine relief of IMITREX, take the first step. Tell your doctor if migraines are disrupting your life.

ASK YOUR DOCTOR IF A FREE SAMPLE OF IMITREX IS RIGHT FOR YOU

IMITREX is for the acute treatment of migraine attacks in adults. You should not take IMITREX if you have certain types of heart disease, a history of stroke or TIAs, peripheral vascular disease, Raynaud's syndrome, or blood pressure that is uncontrolled. If you have risk factors for heart disease, such as high blood pressure, high cholesterol, diabetes, or are a smoker, you need to be evaluated by your doctor before taking IMITREX. Very rarely, certain people, even some without heart disease, have had serious heart-related problems. If you are pregnant, nursing, or taking medications, talk to your doctor.

See the important information on the following page.

References: 1. SOURCE™ Prescription Audit (SPA), Scott-Levin, MAT April 2000
2. Data on file, Glaxo Wellcome Inc.

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(continued) quickly. "External motivations help kids get with the program," says Elkin. Placing baskets labeled Soccer Equipment, Books, Homework, etc., by the door would help prevent delays to locate misplaced items.

Because Danielle feels frazzled when she falls behind schedule, she could use some personal tension-taming strategies. Elkin suggests ranking stressors on a scale of one (a kid forgetting his jacket) to ten (a serious illness). "If she's having a seven response to a three situation, she may be overreacting," says Elkin. "Keeping things in perspective will help lighten her stress load."

In case he's sleeping or she needs to speak with the teacher, Danielle may want to allow ten extra minutes when picking up Keegan from preschool to give him a chance to adjust before dashing off to the next activity. Exercise is a top-notch de-stressor, says Elkin, so jogging while Braeden is at practice is a great idea.

Danielle may also want to hire a sitter for an hour or so when she's busy cooking dinner. "Stay-at-home moms often feel guilty doing this," says Elkin. "But if she's overwhelmed, she's not doing her kids any favors." Danielle could also shift some of the meal-preparation tasks to earlier in the day.

Unfortunately, there's no easy way to dine peacefully with three small children. To increase the boys' enthusiasm for dinner, Danielle might allow them to help pick the menu. But it's important not to idealize this part of the day. "Overly high expectations are a source of stress for many parents," says Elkin.

"Every parent's fantasy is that the kids will sit at the table and discuss their day," he adds. "But that's not realistic. By lightening up and going with the flow, everyone will have happy memories of dinnertime."

MORNING MELTDOWNS

THE CALLAHAN FAMILY

Couple: Lisa, 37; Bob, 39

Kids: Carly, 3; Ryan, 1

Family Profile: Lisa and Bob are both electrical engineers in Orlando, Florida; Carly attends preschool; and Ryan goes to day care.

Super-Stress Time: Getting out of the house in the morning

ONE-DAY DIARY:

Lisa and Bob rise at six-thirty, shower and dress before waking the kids at seven-thirty. The first hurdle of the day is getting Carly dressed. Because she likes to choose her own outfits, "it's always a battle," says Lisa. "If she's moving slowly, everyone else is, too."

Lisa insists that Carly pick something—anything—but each outfit is deemed "too hot" or "too tight." Selecting socks goes no more smoothly as Carly emerges wearing one green sock and one purple one. "Sometimes I'll let her leave the house with two different colored socks if it means not enduring another delay," says Lisa. "But I can't go for that today. I persuade her to change."

Dressing Carly usually takes five to ten minutes, but today it took twenty. Since the family leaves by eight, Lisa and Bob skip breakfast, and Bob grabs an oatmeal bar and milk for Carly to have in the car. (Ryan eats at day care.) Lisa and Bob usually alternate driving duties, and because Lisa has an early meeting today, Bob drops off the kids.

The day goes smoothly, and Lisa leaves her office at four forty-five to pick up the kids. They stop at the market—a nightly practice—to grab fixings for dinner. "I don't start thinking about what *(continued)*

Family Tension Tamers

Give stress the slip with these tips from Donald E. Williams, Ph.D., ABPP, associate professor of psychology, and Sheila Jowsey, M.D., assistant professor of psychiatry at the Mayo Medical School, in Rochester, MN:

1. Eat and sleep well. Because hunger contributes to stress, healthy snacking during the day may help ease tension. To sleep more soundly, Jowsey recommends forgoing caffeine at least six hours before bedtime and nixing the urge to take work or chores (such as mending) to bed with you.

2. Act silly. When your son spills his milk for the third time and you're about to freak out, crack a joke or sing a funny cleanup song. "Engaging your child with humor will help you realize that this is not a big deal in the grand scheme of things," says Williams.

3. Recognize stress signs. Your husband may respond to stress with headaches, you may get irritable and your child may whine or cry. Learn to spot stress symptoms and take steps to ease tension.

4. Turn down lights and noise. "Some babies and young kids get fussy when exposed to loud sounds and harsh lights," says Jowsey. Soft lighting and soothing music played at an almost inaudible volume will help everyone feel less stressed.

5. Have fun. Think about when your family feels most relaxed and make those good times happen more often. Don't worry about planning big outings. Sometimes it's the spontaneous moments—the kids jumping into bed with you on Saturday morning or strolling with your husband at dusk—that mean the most.



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I'm going to make until I leave work," admits Lisa. At home, she settles the kids down to play and starts cooking.

Bob gets home by seven and entertains the kids while Lisa finishes dinner. In contrast to the A.M. chaos, mealtime is peaceful. Ryan happily sits in his high chair and devours his dinner, and Carly cheerfully cleans her plate. "Luckily, my kids aren't picky eaters," says Lisa, "so I can relax once we sit down." They make the most of this time, slowing down the pace and enjoying a leisurely meal after a long day.

Playtime follows dinner. Tonight it's hide-and-seek and peekaboo. "We try to play with the kids every night," says Lisa. "It's a chance for everyone to unwind." Next it's bath time, followed by ice cream for all—another nightly ritual. Lisa puts Ryan down to sleep, while Bob gets Carly into her pajamas. "Unfortunately, we've gotten into the habit of staying with Carly until she falls asleep," says Lisa. By nine, both kids are out. Lisa and Bob do the dishes and hit the sack around ten. "By then, we're exhausted," says Lisa.

> "The simple joys of the family ease the pressures of the daily grind," says Elkin

STRESS R_x:

The Callahans could reduce A.M. stress with a little more planning, says Elkin. An earlier wake-up time for Carly would provide a buffer if delays occur, and reducing her clothing choices would lower everyone's stress. "Lots of options create lots of opportunities for rejection," notes Elkin. Carly might pick the first item and then Lisa could select something to match. Or Lisa could allow Carly to choose from three outfits.

Whichever system they choose, it should be repeated every day. "Routine is a major stress reducer," says Elkin. Since Carly was used to the old routine, she may balk at starting a new one. Elkin suggests easing the transition the night before by announcing a "fun new game we're going to play tomorrow."

A sit-down breakfast is nice, but it may create more stress when everyone is pressed for time. Lisa and Bob could decide the breakfast menu the previous evening and put plates on the table. "But a makeshift meal in the car might be better than setting speed records at the table," says Elkin.

To reduce predinner stress, Lisa could think about the week's meals in advance. "Going to the market every night isn't time-efficient or stress-effective," says Elkin. Making one shopping trip per week would free some time after work. Ordering out once or twice a week is another option. On the other hand, after-dinner playtime scores bonus points. "The simple joys of being together as a family defuse the pressures of the daily grind," says Elkin.

He also suggests that the Callahans cut down the amount of time they stay in bed with Carly. "My concern is that they have no time to themselves," he says. Couple time is crucial for healthy, happy parenting. If nothing else, Lisa and Bob might carve out fifteen minutes to sit on the porch together, share a glass of wine and look at the stars. "They don't have to plan anything elaborate," says Elkin. "But they do need to build in fun activities for themselves that are not child-related. This will help them feel less on edge." ■

Jan Sheehan is a freelance writer based in Denver.

For a free booklet on managing stress, send your name and address with your request to:

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INDICATIONS AND USAGE: Transderm Scōp is indicated for preve nausea and vomiting associated with motion sickness in adults. T should be applied only to skin in the postauricular area.

CONTRAINDICATIONS: Transderm Scōp is specifically contraindi persons who are hypersensitive to the drug scopolamine or to ot belladonna alkaloids, or to any ingredient or component in the formul delivery system, or in patients with angle-closure (narrow angle) gl

WARNINGS: Transderm Scōp should not be used in children and sh used with special caution in the elderly. See PRECAUTIONS.

Since drowsiness, disorientation, and confusion may occur w use of scopolamine, patients should be warned of the possibility a tioned against engaging in activities that require mental alertness, driving a motor vehicle or operating dangerous machinery.

Potentially alarming idiosyncratic reactions may occur with therapeutic doses of scopolamine.

PRECAUTIONS

General: Scopolamine should be used with caution in patients with obstruction, or urinary bladder neck obstruction. Caution should b cised when administering an antiemetic or antimuscarinic drug to suspected of having intestinal obstruction.

Transderm Scōp should be used with special caution in the el in individuals with impaired metabolic, liver, or kidney functions, bec the increased likelihood of CNS effects.

Caution should be exercised in patients with a history of seizure chosis, since scopolamine can potentially aggravate both disorders.

Information for Patients: Since scopolamine can cause temporary of the pupils and blurred vision if it comes in contact with the eyes, p should be strongly advised to wash their hands thoroughly with so water immediately after handling the patch. In addition, it is importa used patches be disposed of properly to avoid contact with children

Patients should be advised to remove the patch immediately a tact a physician in the unlikely event that they experience sympt acute narrow-angle glaucoma (pain in and reddening of the eyes panied by dilated pupils). Patients should also be instructed to remo patch if they develop any difficulties in urinating.

Patients should be warned against driving a motor vehicle or op dangerous machinery while wearing the patch. Patients who eng these activities should also be aware of the possibility of withdrawal toms when the patch is removed. Patients who expect to partici underwater sports should be cautioned regarding the potentially dis ing effects of scopolamine. A patient brochure is available.

Drug Interactions: Scopolamine should be used with care in p taking drugs, including alcohol, capable of causing CNS effects. S attention should be given to drugs having anticholinergic prop e.g., belladonna alkaloids, antihistamines (including meclizine), an depressants.

Carcinogenesis, Mutagenesis, Impairment of Fertility: No long studies in animals have been performed to evaluate carcinogenic pot Fertility studies were performed in female rats and revealed no evide impaired fertility or harm to the fetus due to scopolamine hydrobr administered by daily subcutaneous injection. In the highest-dose (plasma level approximately 500 times the level achieved in humans a transdermal system), reduced maternal body weights were observe

Pregnancy Category C: Teratogenic studies were performed in pre rats and rabbits with scopolamine hydrobromide administered by intravenous injection. No adverse effects were recorded in the rats. rabbits, the highest dose (plasma level approximately 100 times the achieved in humans using a transdermal system) of drug adminis had a marginal embryotoxic effect. Transderm Scōp should be during pregnancy only if the anticipated benefit justifies the potential the fetus.

Nursing Mothers: It is not known whether scopolamine is ex in human milk. Because many drugs are excreted in human caution should be exercised when Transderm Scōp is administered nursing woman.

Pediatric Use: Children are particularly susceptible to the side effe belladonna alkaloids. Transderm Scōp should not be used in ch because it is not known whether this system will release an amou scopolamine that could produce serious adverse effects in children.

ADVERSE REACTIONS: The most frequent adverse reaction to Trans Scōp is dryness of the mouth. This occurs in about two thirds of the ple. A less frequent adverse reaction is drowsiness, which occurs i than one sixth of the people. Transient impairment of eye accommod including blurred vision and dilation of the pupils, is also observed.

The following adverse reactions have also been reported on infre occasions during the use of Transderm Scōp: disorientation; memor turbances; dizziness; restlessness; hallucinations; confusion; difficult nating; rashes and erythema; acute narrow-angle glaucoma; and dry or red eyes.

Drug Withdrawal: Symptoms including dizziness, nausea, vom headache, and disturbances of equilibrium have been reported in patients following discontinuation of the use of the Transderm Scōp sy These symptoms have occurred most often in patients who have use system for more than three days.

OVERDOSAGE: Overdosage with scopolamine may cause disorientat memory disturbances, dizziness, restlessness, hallucinations, confu psychosis, convulsions, bronchospasm and respiratory depression, muscular weakness. Should these symptoms occur, the Transderm patch should be removed immediately, adequate hydration should be m tained, and appropriate symptomatic treatment initiated.

CAUTION: Federal law prohibits dispensing without prescription.

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Transderm Scōp is more effective and longer lasting than Dramamine**at preventing the nausea and vomiting of motion sickness. Just peel off the backing and press it behind your ear at least four hours before boarding and relax. The medicine is sistently absorbed for up to three days. You can even shower it. For shorter trips, remove the patch when no longer needed the effects wear off. ***In clinical studies, 5 out of 6 ople did not report drowsiness with nsderm Scōp.***

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Not for children or those with glaucoma, difficulty in urinating, or an allergy to scopolamine or other belladonna alkaloids. In clinical studies, some side effects were noted, including blurred vision, dryness of the mouth (in two-thirds of users) and drowsiness (reported incidence less than 1 in 6). While using this product, you should not drive, operate dangerous machinery or do other things that require alertness. Avoid using alcohol. If you are elderly, your physician should exercise special care in prescribing this product. See adjoining page for additional information on potential adverse reactions or side effects.

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Wash colds away

...and fourteen other things experts do to keep their kids healthy

By Amy Zintl



Different towels make hand washing more fun

Doctors might be privy to the latest research and technological advances, but does that mean they're better at preventing their children's illnesses and accidents than the rest of us? "Keeping kids healthy is a challenge for all parents, whether they're doctors or not," says Brooks Edwards, M.D., a cardiologist at the Mayo Clinic, in Rochester, Minnesota, and father of three, aged eleven, nine and seven. "In our house, my wife and I try to lead by example, and that goes for everything from eating right and exercising to wearing seat belts and bike helmets." What other tricks do Mayo Clinic experts keep up their white coat sleeves? We asked, and discovered a few you may not have thought of:

Wash Colds Away

Studies have shown that regular hand washing helps protect against colds and the flu, so from the time my sons were able to stand on a step stool, we've made scrubbing up a priority. To make it more fun, I stock the bathroom with bubble gum–, watermelon- and peach-scented soaps and towels decorated with fish and basketballs. Now it's second nature to them.

Margaret Gill, M.D., a doctor in family medicine and mother of six boys ranging in age from eight to eighteen months

Start a Family Fun Night

Once a week, our whole family goes to the Y for a night of swimming, basketball or batting practice. Or in the winter, we might opt for sledding or ice-skating outdoors. Not only is this a great way for us to spend time together, but I hope that by making exercise part of their routine, our kids will adopt it as a lifelong habit.

Philip Hagen, M.D., a preventive and occupational medicine consultant and father of a daughter, fifteen, and two sons, aged thirteen and ten

Make Veggies Count

We've turned getting our fruits and vegetables into a game. At dinner, we all count how many we've eaten so far that day. If anyone falls short of five servings, she can make up the shortfall during the meal. I knew my daughters had gotten the swing of it when Grandma came to visit and tried to claim the raspberry jam she had on her toast as a serving of fruit. The girls were quick to tell her it didn't count.

Karen Ytterberg, M.D., a pediatrician and mother of two daughters, aged thirteen and ten

Encourage a Talent

In first grade my son struggled with reading, and *(continued on page 80)*

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Glucophage XR is not for everyone. In rare cases, Glucophage XR may cause lactic acidosis (buildup of lactic acid in the blood) which is serious and can be fatal in half the cases. This occurs mainly in people whose kidneys are not functioning properly. Tell your doctor about your alcohol use because it can affect your risk. You should not take this drug if you: have kidney problems, are 80 or older (unless your kidneys are tested), are taking medication for heart failure, are seriously dehydrated, have a severe infection, or have or have had liver disease. The most common side effect is diarrhea.

Please see additional important patient information on the next page.

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(metformin hydrochloride extended-release tablets)

Read this information carefully before you start taking this medicine and each time you refill your prescription. There may be new information. This information does not take the place of your doctor's advice. Ask your doctor or pharmacist if you do not understand some of this information or if you want to know more about this medicine.

What are GLUCOPHAGE and GLUCOPHAGE XR?

GLUCOPHAGE and GLUCOPHAGE XR are used to treat type 2 diabetes. This is also known as non-insulin-dependent diabetes mellitus. People with type 2 diabetes are not able to make enough insulin or respond normally to the insulin their bodies make. When this happens, sugar (glucose) builds up in the blood. This can lead to serious medical problems including kidney damage, amputations, and blindness. Diabetes is also closely linked to heart disease. The main goal of treating diabetes is to lower your blood sugar to a normal level.

High blood sugar can be lowered by diet and exercise, by a number of medicines taken by mouth, and by insulin shots. Before you take GLUCOPHAGE or GLUCOPHAGE XR, try to control your diabetes by exercise and weight loss. While you take your diabetes medicine, continue to exercise and follow the diet advised for your diabetes. No matter what your recommended diabetes management plan is, studies have shown that maintaining good blood sugar control can prevent or delay complications of diabetes, such as blindness.

GLUCOPHAGE and GLUCOPHAGE XR have the same active ingredient. However, GLUCOPHAGE XR works longer in your body. Both of these medicines help control your blood sugar in a number of ways. These include helping your body respond better to the insulin it makes naturally, decreasing the amount of sugar your liver makes, and decreasing the amount of sugar your intestines absorb. GLUCOPHAGE and GLUCOPHAGE XR do not cause your body to make more insulin. Because of this, when taken alone, they rarely cause hypoglycemia (low blood sugar), and usually do not cause weight gain. However, when they are taken with a sulfonylurea or with insulin, hypoglycemia is more likely to occur, as is weight gain.

WARNING: A small number of people who have taken GLUCOPHAGE have developed a serious condition called lactic acidosis. Lactic acidosis is caused by a buildup of lactic acid in the blood. This happens more often in people with kidney problems. Most people with kidney problems should not take GLUCOPHAGE or GLUCOPHAGE XR. (See "What are the side effects of GLUCOPHAGE and GLUCOPHAGE XR?")

Who should not take GLUCOPHAGE or GLUCOPHAGE XR?

Some conditions increase your chance of getting lactic acidosis, or cause other problems if you take either of these medicines. Most of the conditions listed below can increase your chance of getting lactic acidosis.

Do not take GLUCOPHAGE or GLUCOPHAGE XR if you:

- have kidney problems
- have liver problems
- have heart failure that is treated with medicines, such as Lanoxin® (digoxin) or Lasix® (furosemide)
- drink a lot of alcohol. This means you binge drink for short periods or drink all the time
- are seriously dehydrated (have lost a lot of water from your body)
- are going to have an x-ray procedure with injection of dyes (contrast agents)
- are going to have surgery
- develop a serious condition, such as heart attack, severe infection, or a stroke
- are 80 years or older and you have NOT had your kidney function tested

Tell your doctor if you are pregnant or plan to become pregnant. GLUCOPHAGE and GLUCOPHAGE XR may not be right for you. Talk with your doctor about your choices. You should also discuss your choices with your doctor if you are nursing a child.

How should I take GLUCOPHAGE or GLUCOPHAGE XR?

Your doctor will tell you how much medicine to take and when to take it. You will probably start out with a low dose of the medicine. Your doctor may slowly increase your dose until your blood sugar is better controlled. You should take GLUCOPHAGE or GLUCOPHAGE XR with meals.

Your doctor may have you take other medicines along with GLUCOPHAGE or GLUCOPHAGE XR to control your blood sugar. These medicines may include insulin shots. Taking GLUCOPHAGE or GLUCOPHAGE XR with insulin may help you better control your blood sugar while reducing the insulin dose and possibly reducing your weight.

Continue your exercise and diet program and test your blood sugar regularly while taking GLUCOPHAGE or GLUCOPHAGE XR. Your doctor will monitor your diabetes and may perform blood tests on you from time to time to make sure your kidneys and your liver are functioning normally. There is no evidence that GLUCOPHAGE (metformin hydrochloride tablets) or GLUCOPHAGE XR (metformin hydrochloride extended-release tablets) causes harm to the liver or kidneys.

Tell your doctor if you

- have an illness that causes severe vomiting, diarrhea or fever, or cannot drink a much lower amount of liquid than normal. These conditions can lead to severe dehydration (loss of water in your body). You may need to stop taking GLUCOPHAGE or GLUCOPHAGE XR for a short time.
- plan to have surgery or an x-ray procedure with injection of dye (contrast agent). You may need to stop taking GLUCOPHAGE or GLUCOPHAGE XR for a short time.
- start to take other medicines or change how you take a medicine. GLUCOPHAGE and GLUCOPHAGE XR can affect how well other drugs work, and some drugs can affect how well GLUCOPHAGE and GLUCOPHAGE XR work. Some medicines may cause high blood sugar.

What should I avoid while taking GLUCOPHAGE or GLUCOPHAGE XR?

Do not drink a lot of alcoholic drinks while taking GLUCOPHAGE or GLUCOPHAGE XR. This means you should not binge drink for short periods and you should not drink a lot of alcohol on a regular basis. Alcohol can increase the chance of getting lactic acidosis.

What are the side effects of GLUCOPHAGE and GLUCOPHAGE XR?

Lactic Acidosis. **In rare cases, GLUCOPHAGE and GLUCOPHAGE XR can cause a serious side effect called lactic acidosis. This is caused by a buildup of lactic acid in your blood. This build-up can cause serious damage.** Lactic acidosis caused by GLUCOPHAGE and GLUCOPHAGE XR is rare and has occurred mostly in people whose kidneys were not working normally. Lactic acidosis has been reported in about one in 33,000 patients taking GLUCOPHAGE over the course of a year. Although rare, if lactic acidosis does occur, it can be fatal in up to half the people who develop it.

It is also important for your liver to be working normally when you take GLUCOPHAGE or GLUCOPHAGE XR. Your liver helps remove lactic acid from your blood.

Make sure you tell your doctor before you use GLUCOPHAGE or GLUCOPHAGE XR if you have kidney or liver problems. You should also stop **using GLUCOPHAGE or GLUCOPHAGE XR and call your doctor right away if you have signs of lactic acidosis. Lactic acidosis is a medical emergency that must be treated in a hospital.**

Signs of lactic acidosis are:

- feeling very weak, tired, or uncomfortable
- unusual muscle pain
- trouble breathing
- unusual or unexpected stomach discomfort
- feeling cold
- feeling dizzy or lightheaded
- suddenly developing a slow or irregular heartbeat

If your medical condition suddenly changes, stop taking GLUCOPHAGE or GLUCOPHAGE XR and call your doctor right away. This may be a sign of lactic acidosis or another serious side effect.

Other Side Effects. Common side effects of GLUCOPHAGE and GLUCOPHAGE XR include diarrhea, nausea, and upset stomach. These side effects generally go away after you take the medicine for a while. Taking your medicine with meals can help reduce these side effects. Tell your doctor if the side effects bother you a lot, last for more than a few weeks, come back after they've gone away, or start later in therapy. You may need a lower dose or need to stop taking the medicine for a short period or for good.

About 3 out of every 100 people who take GLUCOPHAGE or GLUCOPHAGE XR have an unpleasant metallic taste when they start taking the medicine that lasts for a short time.

GLUCOPHAGE and GLUCOPHAGE XR rarely cause hypoglycemia (low blood sugar) by themselves. However, hypoglycemia can happen if you do not eat enough, if you drink alcohol, or if you take other medicines to lower blood sugar.

General advice about prescription medicines

If you have questions or problems, talk with your doctor or other healthcare provider. You can ask your doctor or pharmacist for the information about GLUCOPHAGE and GLUCOPHAGE XR that is written for health care professionals. Medicines are sometimes prescribed for purposes other than those listed in a patient information leaflet. Do not use GLUCOPHAGE or GLUCOPHAGE XR for a condition for which it was not prescribed. Do not share your medicine with other people.

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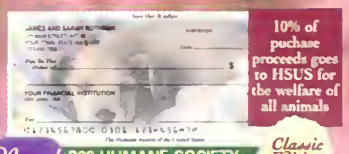
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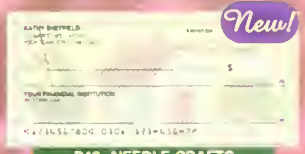


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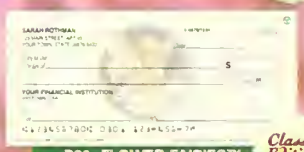


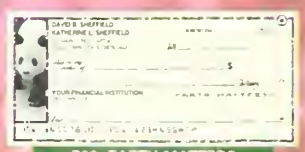
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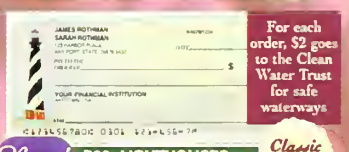

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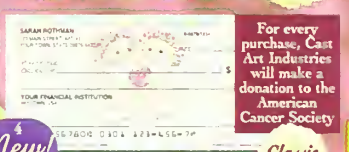
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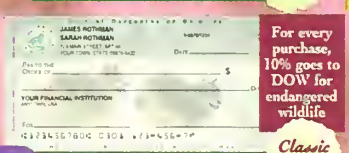

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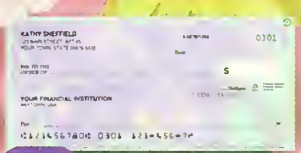

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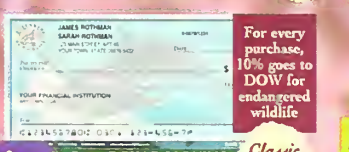

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(continued from page 76) it destroyed his confidence. Meanwhile, he did well in sports. We found that excelling athletically in front of his peers boosted his self-esteem and helped to balance his problems in school. He also learned that every person has something different he's good at.

Sue Odegarden, child and adolescent psychiatry nurse manager and mother of a son, aged eleven

Team Up Your Teen with a Confidante

Knowing teens have tremendous pressure on them, I encouraged my daughter to begin seeing a counselor weekly when she was thirteen. I wanted to be sure she'd have someone to help her sort out things if she didn't feel comfortable coming to me. My daughter appreciates the confidentiality but knows that if an issue ever arose that affected her health or safety, her counselor would ask me to come in, too.

Kathy Flippin, a nursing education specialist and mother of a daughter, fifteen, and a son, twelve

Be a Sugar Buster

I re-brush my kids' teeth each night to make sure all those hard-to-reach places are covered. I tell them I'm the Sugar Bug Exterminator, and if I don't do this, the "sugar bugs" will eat their teeth. My wife and I also don't allow sticky foods, including candy and even raisins and other dried fruits, which can promote tooth decay, after dinner.

Kevin Reid, D.M.D., chair of dental specialties and father of two sons, aged seven and four

Strut Your Stuff

Before dinner each night, our family goes for a two-and-a-half-mile parade around the neighborhood. We don't just walk, either—the older boys often bike, inline skate, skateboard or ride their scooters. We have so much fun that the neighborhood kids like to come along with us.

Margaret Gill, M.D.

Serve broccoli or carrots as an appetizer and watch hungry children eat them up

Control the Volume

Studies show that listening to a Walkman for as little as eight hours can cause some hearing loss, so I've taught my daughter to take a break once an hour. To let her know the most appropriate volume level, I placed a dot of nail polish on the dial of her Walkman. I'm also a big proponent of wearing earplugs, especially at rock concerts, which pose a particular danger to kids' hearing. My daughter and I wore them at the 'NSYNC and Britney Spears shows, and she still had a great time.

David Fabry, Ph.D., an audiologist and father of a daughter, aged eight

Set Up a Big Buddy

Finding a good role model for your children, especially during the "I hate you" 'tween and teen years, is essential. One summer we arranged a Big Buddy for our son by being the host family for a twenty-year-old semi-pro baseball player who had come to our community to train. The two often hung out together, and our son learned the importance of staying focused and working hard. In fact, our experience was so positive, I've since urged many friends and relatives to seek out mentors for their children in their own communities.

Sue Odegarden

Serve the Good Stuff First

To make sure our daughters eat their vegetables, we give them a helping before the rest of their dinner. That's when they're hungriest, so they gobble them up.

Donald D. Hensrud, M.D., a nutrition specialist and father of two daughters, aged five and two

Provide a Reality Check

When I see articles in the newspaper about kids wrecking their cars because they were speeding or drinking, I show them to my children and we discuss them. Kids often think they're invincible, so this gives me an opportunity to remind them that while they should enjoy life, they need to be careful, too.

Brooks Edwards, M.D.

Ease in Tough Issues

Bringing my son to volunteer with me set the stage for us to discuss those who are less fortunate than we are. I explained to him that everyone struggles with problems, *(continued)*

ıings to do now that we're 50.



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WASH COLDS AWAY

Continued

but that some people don't have anyone to turn to. It's helped us talk about tough issues like homelessness, depression and even drug use, and he's learned that if he ever has a hard time with something, it's okay to ask for help. These talks also have strengthened our relationship.
Sue Odegarden

Give All Foods a Try

When they think they're not going to like a food served to them, our kids know they have to abide by the one-bite rule and try at least a taste of it. Then, if they really don't like it, they don't have to eat it.
Robin Molella, M.D., preventive and occupational senior associate consultant and mother of a son, six, and a daughter, two

Walk It Out

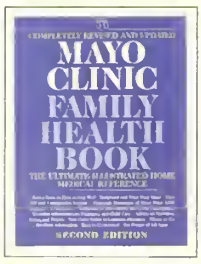
When my son and I have reached our boiling points, I make him take a walk or a bike ride with me. After about fifteen minutes, we've both burned off our extra adrenaline and calmed down enough that we can talk about our problem without getting angry. For my family, I've found exercise to be an effective coping mechanism to handle stress and anger.
Lucia Wocial, Ph.D., R.N.C., a neonatal nurse specialist and mother of a son, seven, and a daughter, five

Brave the Weather

Our kids walk to school every day. It's only a few blocks, but, especially in the middle of winter, it can be a good workout. I don't want them growing up thinking that they need to drive everywhere they need to go.
Kevin Reid, D.M.D. ■

Amy Zintl is a frequent contributor to Ladies' Home Journal.

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The Mayo Clinic Family Health Book, Second Edition is a home medical encyclopedia. Written by more than two hundred Mayo Clinic physicians, it provides information on more than a thousand diseases, disorders, symptoms and treatments. This 1,438-page hardcover contains a section on emergency care, an appendix on tests and drugs, and full-color photos and illustrations (William Morrow; $52.95).

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Family shape-up

Only one in four children gets enough exercise. Here's how to get your kids moving, and keep them active By Elizabeth Rusch



A weekend bike ride is the perfect R_x for a fit family

Parents once relied on schools to give children time to run during recess and to teach basic physical skills. But today, American children are dangerously inactive. Only 44 percent of students have gym class daily, according to the National Association for Sport and Physical Education (NASPE). Recess, too, is under attack, with 40 percent of school districts considering eliminating it to allow more time in the day for learning. "The increasing focus on academics is squeezing physical activity out of the school day," says Judith Young, Ph.D., executive director of NASPE.

By now, you've heard why adults need to keep moving: Regular exercise builds cardiovascular endurance, flexibility and muscle strength, prevents obesity, builds bone mass and eases depression. Active adults are less likely to develop heart disease, hypertension, diabetes and colon cancer. The benefits for children are even greater. Kids who exercise enjoy all of these health advantages and tend to have higher self-esteem, which can help prevent risky behaviors, such as drug and alcohol use. But according to the Surgeon General's Report on Physical Activity and Health, even outside of school nearly half of kids twelve to twenty-one are not regularly active, and 14 percent get no exercise at all. These findings are even more alarming given the fact that inactive children tend to become inactive adults, says Robert Malina, Ph.D., professor of kinesiology *(continued on page 88)*

For people with type 2 diabetes

"I will *always* take care of my diabetes."



"I have a lot of great reasons to take care of myself. But the most important one is named Maria.

"She's one of the reasons I'm eating right and exercising more. When that wasn't enough, my doctor added *Avandia* to help me manage my type 2 diabetes. *Avandia* works differently than some diabetes medications. It helps my body use its own natural insulin more effectively.

"Since I started taking *Avandia* about a year ago, my blood sugar level has come down and stayed down. Your results may vary."

Strengthen your body's own ability to help control blood sugar.

Avandia, along with diet and exercise, helps improve blood sugar control. It may be prescribed alone, with Glucophage® (metformin HCl tablets) or with sulfonylureas. When taking *Avandia* with a sulfonylurea, you may be at risk for low blood sugar. Ask your doctor whether you need to adjust your sulfonylurea dosage.

In studies, the most common side effects included cold-like symptoms and headache. Before and during *Avandia* therapy, periodic liver monitoring is recommended because of liver problems with a similar drug. A small percentage of people may experience anemia and/or mild to moderate swelling of their legs or ankles.

Tell your doctor if you have liver disease, or a history of congestive heart failure or edema. If you experience an unusually rapid increase in weight, swelling, shortness of breath, unexplained tiredness, stomach problems, dark urine or yellowing of the skin while taking *Avandia*, talk to your doctor immediately. See important precautions in the patient information on the following page.

Also, talk to your doctor before taking *Avandia* if you are nursing, pregnant or thinking about becoming pregnant, or if you are a premenopausal woman who is not ovulating.

Talk to your doctor, or for more information call 1-800-AVANDIA (1-800-282-6342).

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Patient Information About AVANDIA® (rosiglitazone maleate) Tablets 2 mg, 4 mg, and 8 mg

What is *Avandia*?
Avandia is one product in a new class of prescription drugs called thiazolidinediones (thigh-a-zoe-lid-een-die-owns). It is used to treat type 2 diabetes by helping the body use the insulin that it is already making. *Avandia* comes as pills that can be taken either once a day or twice a day to help improve blood sugar levels.

How does *Avandia* treat type 2 diabetes?
If you have type 2 diabetes, your body still produces insulin but it is not able to fully use the insulin. Insulin is needed to allow sugar to be carried from the bloodstream into many cells of the body for energy. If insulin is not being used correctly, sugar does not enter the cells very well and builds up in the blood. If not controlled, the high blood sugar level can lead to serious medical problems, including kidney damage, blindness and amputation.

Avandia helps your body use insulin by making the cells more sensitive to insulin so that the sugar can enter the cell.

How quickly will *Avandia* begin to work?
Avandia begins to reduce blood sugar levels within 2 weeks. However, since *Avandia* works to address an important underlying cause of type 2 diabetes, insulin resistance, it may take up to 12 weeks to see the full effect. If you do not respond adequately to your starting dose of *Avandia*, your physician may increase your daily dose to improve your blood sugar control.

How should I take *Avandia*?
Your doctor may tell you to take *Avandia* once a day in the morning or twice a day in the morning and evening. It can be taken with or without meals. Food does not affect how *Avandia* works. To help you remember to take *Avandia*, you may want to take it at the same time every day.

What if I miss a dose?
If your doctor has prescribed *Avandia* for use once a day:

- As soon as you remember your missed dose, take one tablet anytime during the day.
- If you forget and go a whole day without taking a dose, don't try to make it up by adding another dose on the following day. Forget about the missed dose and simply follow your normal schedule.

If your doctor has prescribed *Avandia* for use twice a day:

- As soon as you remember the missed dose, take one tablet.
- Take the next dose at the normal time on the same day.
- Don't try to make up a missed dose from the day before.
- You should never take three doses on any single day in order to make up for a missed dose the day before.

Do I need to test my blood for sugar while using *Avandia*?
Yes, you should follow your doctor's instructions about your at-home testing schedule.

Does *Avandia* cure type 2 diabetes?
Currently there is no cure for diabetes. The only way to avoid the effects of the disease is to maintain good blood sugar control by following your doctor's advice for diet, exercise, weight control, and medication. *Avandia*, alone or in combination with other prescription drugs, may improve these other efforts by helping your body make better u the insulin it already produces.

Can I take *Avandia* with other medications?
Avandia has been taken safely by people using other m cations, including other antidiabetic medications, birth trol pills, warfarin (a blood thinner), Zantac® (ranitidin antiulcer product manufactured by Glaxo Wellcome certain heart medications, and some cholesterol-low products. You should discuss with your doctor the appropriate plan for you. If you are taking prescripti over-the-counter products for your diabetes or for c tions other than diabetes, be sure to tell your doctor. S times a patient who is taking two antidiabetic medica each day can become irritable, lightheaded or excess tired. Tell your doctor if this occurs; your blood sugar l may be dropping too low, and the dose of your medic may need to be reduced.

What should I discuss with my doctor before ta *Avandia*?
You should talk to your doctor if you have a histo edema, liver problems or congestive heart failure, or i are nursing, pregnant or thinking of becoming pregna you are a premenopausal woman who is not ovulating should know that *Avandia* therapy may result in the resu tion of ovulation, which may increase your chance becoming pregnant. Therefore, you may need to con birth control options.

What are the possible side effects of *Avandia*?
Avandia was generally well tolerated in clinical trials. most common side effects reported by people ta *Avandia* were upper respiratory infection and heada As with most other diabetes medications, you may e rience an increase in weight (3 to 8 pounds). This occurs with improved blood sugar control. *Avandia* also cause edema and/or anemia. If you experience swelling of your extremities (e.g., legs, ankles) or tiredn notify your doctor. Talk to your doctor if you experie shortness of breath or unusually rapid increase in weig

Who should not use *Avandia*?
The following people should not take *Avandia*: People type 1 diabetes, people who experience yellowing of skin with Rezulin® (troglitazone, Parke-Davis), people are allergic to *Avandia* or any of its components and p ple with diabetic ketoacidosis.

Why are laboratory tests recommended?
Your doctor may conduct blood tests to measure blood sugar control. In addition, your doctor may con liver enzyme tests. *Avandia* did not show signs of problems in studies. However, because a related (*Rezulin*) has been associated with such problems, because *Avandia* has not been widely used, your do may recommend a blood test to monitor your liver be you start taking *Avandia*, every 2 months during the year and periodically thereafter.

It is important that you call your doctor immediately if experience nausea, vomiting, stomach pain, tiredn anorexia, dark urine, or yellowing of the skin.

How should I store *Avandia*?
Avandia should be stored at room temperature in a ch proof container out of the reach of children. Store *Avar* in its original container.

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Many health authorities now use the Body Mass Index (BMI), an index of ratios, to gauge a person's healthy weight.

The Salter Body Mass Index Computer Scale is quick, simple and accurate. As part of a complete program, the scale not only provides you with your BMI, but is also great for everyday weight control. Use the arrow keys to provide the scale with your accurate height; the information is then stored for future weigh-ins. The scale records information for up to four family members and can be reprogrammed for new users in less than thirty seconds.

A BMI of 18.6 to 24.9 is in the normal range; 25 to 29.9 is too high. And a BMI of below 18.5 indicates that you are underweight for your height.

In addition, this special package also includes a thirty-page booklet on how to achieve and maintain a healthy weight as well as stay in shape.

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Continued from page 84

at Michigan State University, in East Lansing, Michigan.

Many parents try to encourage fitness by enrolling their kids in team sports, but 30 to 40 percent of American children drop out each year, never to return. So what's the secret to getting kids interested in exercise and helping them stay active in the future? Experts agree that the best strategy is to expose children to a variety of activities and emphasize skill building and fun.

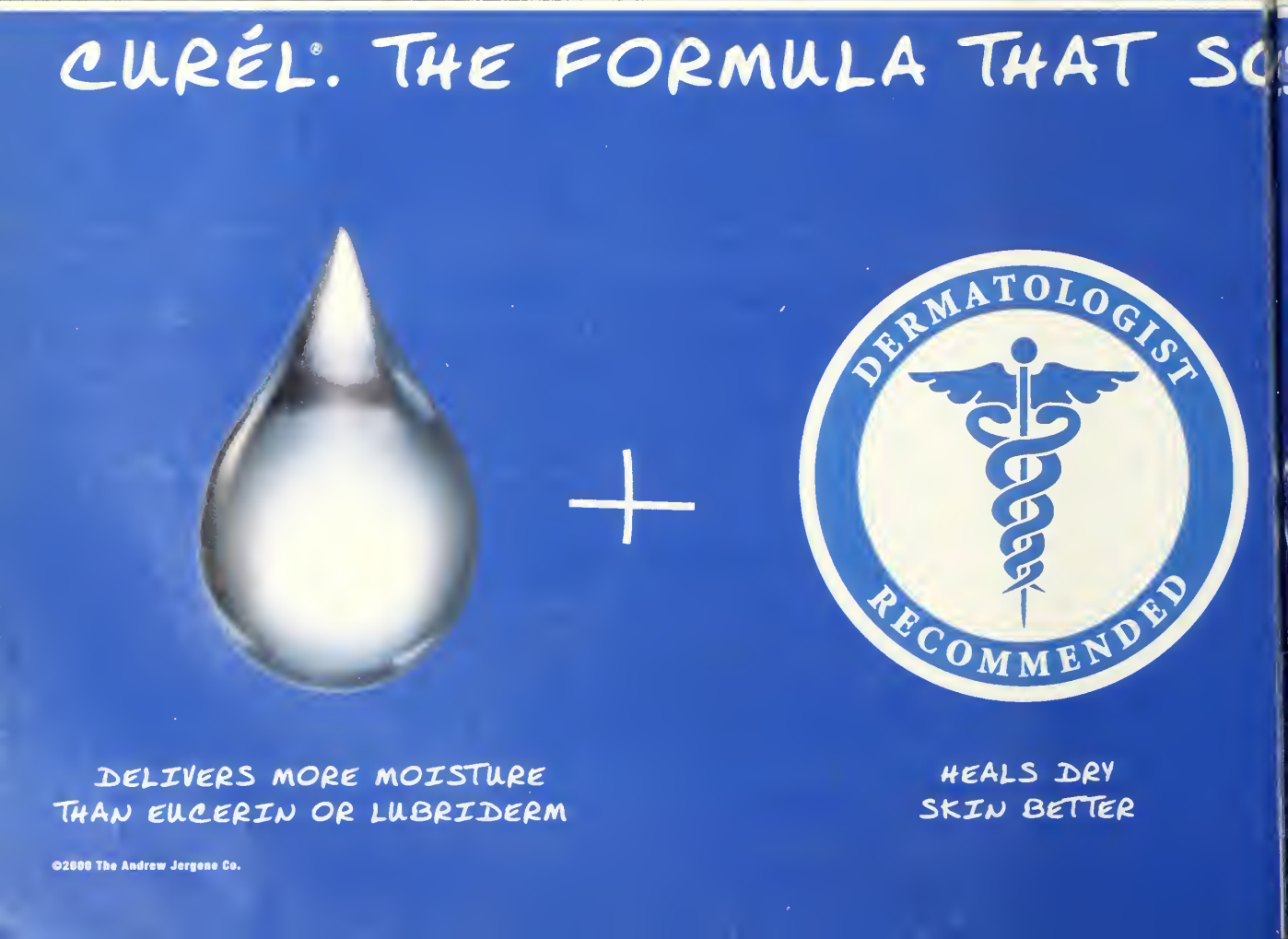
GETTING BACK TO BASICS

Young kids lose out on more than just exercise when recess and physical-education classes are cut. They miss the chance to learn basic techniques, such as catching, throwing and kicking, and this lack of competence may stop children from getting involved in sports. Studies show that if kids feel they are physically capable, they are more likely to enjoy an activity, stay interested in it and participate longer than those who feel their abilities aren't adequate. And this effect extends far beyond one soccer season: A study of more than one hundred men published by the American College of Sports Medicine (ACSM) found that those who remembered mastering sports as teenagers were more likely to be active as adults. "If kids believe that they can learn new skills and, with effort, excel in an activity, they are more likely to stay engaged," says Carol Dweck, Ph.D., professor of psychology at Columbia University, in New York City. "Kids like to be challenged to reach new heights. They also learn the rewards of succeeding at even small tasks."

You can teach some of these skills during family playtime. Just remember to adjust activities to your child's level. "If your preschooler loves to throw a ball but can't catch one, don't keep moving closer to him to play catch," says Young. "Let him throw and chase after the ball again and again." Not only will he get more exercise, he'll also gain the balance and agility needed to pick up and throw the ball.

Most of all, encourage free play for young children. "Create an environment that gives your child enough space to run and hide and be imaginative," says Melinda Sothern, Ph.D., director of pediatric obesity at Louisiana State University Health Sciences Center, in New Orleans, and co-author of *Trim Kids in Twelve Weeks* (HarperCollins, 2001). "Free play burns more calories than structured exercise. If kids choose the activity, they'll play harder than if someone else decides for them." Elementary-school-age children naturally pick games—like freeze tag and hide-and-seek—that involve bursts of energy, since their bodies can't yet sustain endurance activities.

Another reason to let kids decide what to play: The same ACSM study found that the men who remembered being forced to exercise as



dren were the least active as adults.

NS AND SELF-ESTEEM

t as kids start to develop the physl skills they need, they hit the next dle: puberty. For boys, puberty en brings a welcome growth spurt t may translate into big results on playing field. But for girls, it can a very different story. While most ls don't begin menstruating until out age twelve, one study of more n seventeen thousand girls found t 15 percent of whites and 48 perit of African-Americans had be-n to develop breasts and grow bic hair between the ages of eight d nine. Unfortunately, girls who velop hips and breasts early are ore likely to drop out of sports. t's much harder for early bloomers fit in," says Judy Mahle Lutter, .A., president of the Melpomene stitute for Women's Health Reearch, in St. Paul. "They don't want be teased or scrutinized by their eers." And in our weight-obsessed lture, it's no surprise that girls who elieve they are fat—as many do, whether or not they are—are also less likely to be active.



Let your child decide what activity she wants to do. She'll play harder and longer, which burns more calories

Parents can use these concerns to help motivate girls. "Girls like the idea that fitness activities can change their body composition," says Sothern. "And while you shouldn't criticize a child's body, it's okay to talk about how exercise can improve appearance, as well as health." If your daughter shies away from team sports, help her get involved in activities that don't force her to be the center of attention, such as biking, hiking or in-line skating. She can still reap the rewards of exercise without the pressures of the spotlight.

Trading the images of ultrathin celebrities for more realistic comparisons can be useful, too. *(continued)*

ES YOUR DRY SKIN PROBLEMS.



=



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(continued) "It can help to hear someone other than Mom and Dad say you're normal," says Marcie Smith, M.D., a pediatrician of community, pediatric and adolescent medicine at the Mayo Clinic, in Rochester, Minnesota. Smith shows her teen patients where they fall on growth and weight charts. "It's amazing how relieved they seem when they realize they are on target." More good news: Research shows that if teens stay active during these influential years, they'll have a more positive, healthy view of their bodies.

Any child who is overweight, however, may encounter problems with organized sports well before puberty. "Parents should be aware that some sports leagues, such as Little League football, won't let overweight kids play because they may injure smaller players," says Sothern. "Such a restriction can hinder them from ever participating in sports." Piquing their interest in individual sports and offering an alternative, such as swimming or karate, can soften the blow and help a child get to an appropriate weight for next year's team. (For tips on how to encourage fitness, see "Keep Them Moving," below.)

WINNING ISN'T EVERYTHING

While children enjoy competition, studies have found that winning isn't the most important thing to them. Having fun with friends and learning new skills consistently rank as the main reasons kids want to play sports. Unfortunately, when a child is cut during team tryouts, he's being told that not only is he not good enough, but also that only top athletes can enjoy the fun and camaraderie that comes from being part of a team.



Younger kids will need a break from an endurance trek. With some rest, they'll be ready to go full steam

With only a few sports teams at most schools, children who don't make the cut need their parents to help them explore other options. For instance, young people can get the same benefits of playing on a school team by joining a local club team, or by going hiking, camping or skiing with you and a group of friends.

"The positive moves you make now will make a difference," says Sothern. "Even if you think your kids' eyes glaze over when you talk about fitness, everything you do to teach your children good exercise habits gets internalized. And later on, they'll love you more for it." ■

Elizabeth Rusch has written for Parenting and Child.

KEEP THEM MOVING

One in five kids in the U.S. is obese, and carrying around extra pounds can make physical activity daunting and painful. Exercise puts pressure on the growth plates in children's bones, and among obese kids, this pressure can be excessive. "An overweight child may feel pain just from running up a flight of stairs," says Melinda Sothern, Ph.D., director of pediatric obesity at Louisiana State University Health Sciences Center, in New Orleans. Children also don't have fully developed ligaments and tendons in their knees and ankles, and extra weight can cause sprains and other overuse injuries. "Overweight kids don't stop exercising because they are lazy or don't want to do it. They can't do it as easily as other children," says Sothern. Try these tips to help an overweight child get moving:

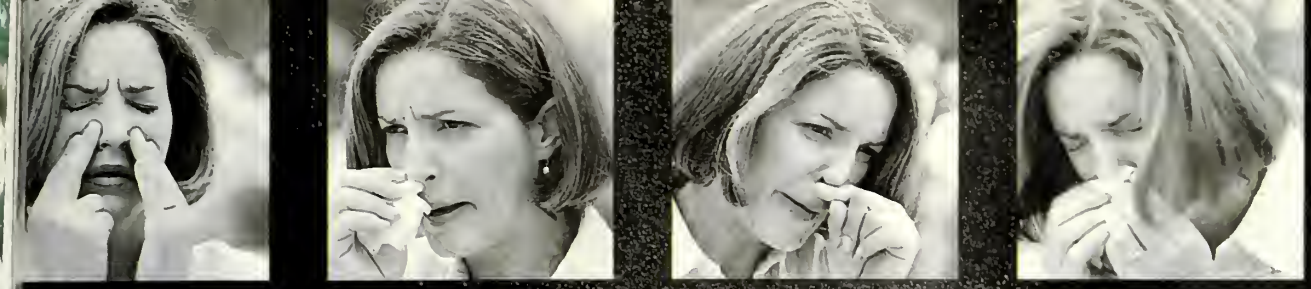
Start slowly. According to Sothern's research, a child who is about twenty pounds overweight will be fatigued after only five to seven minutes of walking. Start by exercising twice a week for twenty minutes, and break up the sessions throughout the day. Then add five minutes to the workout each week.

Set realistic, short-term goals. Seeing success week by week can help keep kids motivated to continue.

Take advantage of weekends. Every weekend, plan a half day for family fitness time. Go to the park or take a bike ride.

Go solo. Have your child try individual sports, like martial arts and swimming, that encourage him to focus on personal achievement, rather than on how he compares to others.

Refocus their attention. "If your child is sitting on the couch, ask him to take a walk with you," says Sothern. "Even small activities can get kids away from the TV and a bag of chips."



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BRIEF SUMMARY

SHAKE GENTLY BEFORE USE.

For Intranasal Use Only.

The following is a brief summary only, see full prescribing information for complete product information

CONTRAINDICATIONS: FLONASE Nasal Spray is contraindicated in patients with a hypersensitivity to any of its ingredients.

WARNINGS: The replacement of a systemic corticosteroid with a topical corticosteroid can be accompanied by signs of adrenal insufficiency, and in addition some patients may experience symptoms of withdrawal, e.g., joint and/or muscular pain, lassitude, and depression. Patients previously treated for prolonged periods with systemic corticosteroids and transferred to topical corticosteroids should be carefully monitored for acute adrenal insufficiency in response to stress. In those patients who have asthma or other clinical conditions requiring long-term systemic corticosteroid treatment, too rapid a decrease in systemic corticosteroids may cause a severe exacerbation of their symptoms.

The concomitant use of intranasal corticosteroids with other inhaled corticosteroids could increase the risk of signs or symptoms of hypercorticism and/or suppression of the HPA axis.

Patients who are on immunosuppressant drugs are more susceptible to infections than healthy individuals. Chickenpox and measles, for example, can have a more serious or even fatal course in patients on immunosuppressant doses of corticosteroids. In such patients who have not had these diseases, particular care should be taken to avoid exposure. How the dose, route, and duration of corticosteroid administration affects the risk of developing a disseminated infection is not known. The contribution of the underlying disease and/or prior corticosteroid treatment to the risk is also not known. If exposed to chickenpox, prophylaxis with varicella zoster immune globulin (VZIG) may be indicated. If exposed to measles, prophylaxis with pooled intramuscular immunoglobulin (IG) may be indicated. (See the respective package inserts for complete VZIG and IG prescribing information.) If chickenpox develops, treatment with antiviral agents may be considered.

PRECAUTIONS:

General: Rarely, immediate hypersensitivity reactions or contact dermatitis may occur after the administration of FLONASE Nasal Spray. Rare instances of wheezing, nasal septum perforation, cataracts, glaucoma, and increased intraocular pressure have been reported following the intranasal application of corticosteroids, including fluticasone propionate.

Use of excessive doses of corticosteroids may lead to signs or symptoms of hypercorticism, suppression of HPA function, and/or reduction of growth velocity in children or teenagers. Physicians should closely follow the growth of children and adolescents taking corticosteroids, by any route, and weigh the benefits of corticosteroid therapy against the possibility of growth suppression if growth appears slowed.

Although systemic effects have been minimal with recommended doses of FLONASE Nasal Spray, potential risk increases with larger doses. Therefore, larger than recommended doses of FLONASE Nasal Spray should be avoided.

When used at higher than recommended doses, or in rare individuals at recommended doses, systemic corticosteroid effects such as hypercorticism and adrenal suppression may appear. If such changes occur, the dosage of FLONASE Nasal Spray should be discontinued slowly consistent with accepted procedures for discontinuing oral corticosteroid therapy.

In clinical studies with fluticasone propionate administered intranasally, the development of localized infections of the nose and pharynx with *Candida albicans* has occurred only rarely. When such an infection develops, it may require treatment with appropriate local therapy and discontinuation of treatment with FLONASE Nasal Spray. Patients using FLONASE Nasal Spray over several months or longer should be examined periodically for evidence of *Candida* infection or other signs of adverse effects on the nasal mucosa.

FLONASE Nasal Spray should be used with caution, if at all, in patients with active or quiescent tuberculous infection; untreated local or systemic fungal or bacterial, or systemic viral infections or parasitic infection; or ocular herpes simplex.

Because of the inhibitory effect of corticosteroids on wound healing, patients who have experienced recent nasal septal ulcers, nasal surgery, or nasal trauma should not use a nasal corticosteroid until healing has occurred.

Information for Patients: Patients being treated with FLONASE Nasal Spray should receive the following information and instructions. This information is intended to aid them in the safe and effective use of this medication. It is not a disclosure of all possible adverse or intended effects.

Patients should be warned to avoid exposure to chickenpox or measles and, if exposed, to consult their physician without delay.

Patients should use FLONASE Nasal Spray at regular intervals as directed since its effectiveness depends on its regular use. A decrease in nasal symptoms may occur as soon as 12 hours after starting therapy with FLONASE Nasal Spray. Results in several clinical trials indicate statistically significant improvement within the first day or two of treatment; however, the full benefit of FLONASE Nasal Spray may not be achieved until treatment has been administered for several days. The patient should not increase the prescribed dosage but should contact the physician if symptoms do not improve or if the condition worsens. For the proper use of the nasal spray and to attain maximum improvement, the patient should read and follow carefully the accompanying patient's instructions.

Drug Interactions: In a placebo-controlled, crossover study in eight healthy volunteers, coadministration of a single dose of orally inhaled fluticasone propionate (1000 mcg, 5 times the maximum daily intranasal dose) with multiple doses of ketoconazole (200 mg) to steady state resulted in increased mean fluticasone propionate concentrations, a reduction in plasma cortisol AUC, and no effect on urinary excretion of cortisol. This interaction may be due to an inhibition of the cytochrome P450 3A4 isoenzyme system by ketoconazole, which is also the route of metabolism of fluticasone propionate. No drug interaction studies have been conducted with FLONASE Nasal Spray, however, care should be exercised when fluticasone propionate is coadministered with long-term ketoconazole and other known cytochrome P450 3A4 inhibitors.

Carcinogenesis, Mutagenesis, Impairment of Fertility: Fluticasone propionate demonstrated no tumorigenic potential in mice at oral doses up to 1000 mcg/kg (approximately 20 times the maximum recommended daily intranasal dose in adults and approximately 10 times the maximum recommended daily intranasal dose in children on a mcg/m^2 basis) for 78 weeks or in rats at inhalation doses up to 57 mcg/kg (approximately 2 times the maximum recommended daily intranasal dose in adults and approximately equivalent to the maximum recommended daily intranasal dose in children on a mcg/m^2 basis) for 104 weeks.

Fluticasone propionate did not induce gene mutation in prokaryotic or eukaryotic cells in vitro. No significant clastogenic effect was seen in cultured human peripheral lymphocytes in vitro or in the mouse micronucleus test when administered at high doses by the oral or subcutaneous routes. Furthermore, the compound did not delay erythroblast division in bone marrow.

No evidence of impairment of fertility was observed in reproductive studies conducted in male and female rats at subcutaneous doses up to 50 mcg/kg (approximately 2 times the maximum recommended daily intranasal dose in adults on a mcg/m^2 basis). Prostate weight was significantly reduced at a subcutaneous dose of 50 mcg/kg.

Pregnancy: ***Teratogenic Effects:*** Pregnancy Category C. Subcutaneous studies in the mouse and rat at 45 and 100 mcg/kg, respectively (approximately equivalent to and 4 times the maximum recommended daily intranasal dose in adults on a mcg/m^2 basis, respectively) revealed fetal toxicity characteristic of potent corticosteroid compounds, including embryonic growth retardation, omphalocele, cleft palate, and retarded cranial ossification.

In the rabbit, fetal weight reduction and cleft palate were observed at a subcutaneous dose of 4 mcg/kg (less than the maximum recommended daily intranasal dose in adults on a mcg/m^2 basis).

However, no teratogenic effects were reported at oral doses up to 300 mcg/kg (approximately 25 times the maximum recommended daily intranasal dose in adults on a mcg/m^2 basis) of fluticasone propionate to the rabbit. No fluticasone propionate was detected in the plasma in this study, consistent with the established low

bioavailability following oral administration (see CLINICAL PHARMACOLOGY section of the full prescribing information).

Fluticasone propionate crossed the placenta following oral administration of 100 mcg/kg to rats or 300 mcg/kg to rabbits (approximately 4 and 25 times, respectively, the maximum recommended daily intranasal dose in adults on a mcg/m^2 basis).

There are no adequate and well-controlled studies in pregnant women. Fluticasone propionate should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus.

Experience with oral corticosteroids since their introduction in pharmacologic, as opposed to physiologic, doses suggests that rodents are more prone to teratogenic effects from corticosteroids than humans. In addition, because there is a natural increase in corticosteroid production during pregnancy, most women will require a lower exogenous corticosteroid dose and many will not need corticosteroid treatment during pregnancy.

Nursing Mothers: It is not known whether fluticasone propionate is excreted in human breast milk. When inhaled fluticasone propionate was administered to rats at a subcutaneous dose of 10 mcg/kg (less than the maximum recommended daily intranasal dose in adults on a mcg/m^2 basis), radioactivity was excreted in the milk. Because other corticosteroids are excreted in human milk, caution should be exercised when FLONASE Nasal Spray is administered to a nursing woman.

Pediatric Use: Five hundred (500) patients aged 4 to 11 years of age and 440 patients aged 12 to 17 years were studied in US clinical trials with fluticasone propionate nasal spray. The safety and effectiveness of FLONASE Nasal Spray in children below 4 years of age have not been established.

Oral and, to a less clear extent, inhaled and intranasal corticosteroids have been shown to have the potential to cause a reduction in growth velocity in children and adolescents with extended use. If a child or adolescent on any corticosteroid appears to have growth suppression, the possibility that they are particularly sensitive to this effect of corticosteroids should be considered (see PRECAUTIONS).

Geriatric Use: A limited number of patients above 60 years of age (n =275) have been treated with FLONASE Nasal Spray in US and non-US clinical trials. While the number of patients is too small to permit separate analysis of efficacy and safety, the adverse reactions reported in this population were similar to those reported by younger patients.

ADVERSE REACTIONS: In controlled US studies, more than 3300 patients with seasonal allergic, perennial allergic, or perennial nonallergic rhinitis received treatment with intranasal fluticasone propionate. In general, adverse reactions in clinical studies have been primarily associated with irritation of the nasal mucous membranes, and the adverse reactions were reported with approximately the same frequency by patients treated with the vehicle itself. The complaints did not usually interfere with treatment. Less than 2% of patients in clinical trials discontinued because of adverse events; this rate was similar for vehicle placebo and active comparators.

Systemic corticosteroid side effects were not reported during controlled clinical studies up to 6 months' duration with FLONASE Nasal Spray. If recommended doses are exceeded, however, or if individuals are particularly sensitive, or taking FLONASE Nasal Spray in conjunction with administration of other corticosteroids, symptoms of hypercorticism, e.g., Cushing's syndrome, could occur.

The following incidence of common adverse reactions (>3%, where incidence in fluticasone propionate-treated subjects exceeded placebo) is based upon seven controlled clinical trials in which 536 patients (57 girls and 108 boys aged 4 to 11 years, 137 female and 234 male adolescents and adults) were treated with FLONASE Nasal Spray 200 mcg once daily over 2 to 4 weeks and two controlled clinical trials in which 246 patients (119 female and 127 male adolescents and adults) were treated with FLONASE Nasal Spray 200 mcg once daily over 6 months. Also included in the table are adverse events from two studies in which 167 children (45 girls and 122 boys aged 4 to 11 years) were treated with FLONASE Nasal Spray 100 mcg once daily for 2 to 4 weeks.

Overall Adverse Experiences With >3% Incidence on Fluticasone Propionate in Controlled Clinical Trials With FLONASE Nasal Spray in Patients ≥4 Years With Seasonal or Perennial Allergic Rhinitis

	Vehicle Placebo (n=758) %	FLONASE 100 mcg Once Daily (n=167) %	FLONASE 200 mcg Once Daily (n=782) %
Headache	14.6	6.6	16.1
Pharyngitis	7.2	6.0	7.8
Epistaxis	5.4	6.0	6.9
Nasal burning/ Nasal irritation	2.6	2.4	3.2
Nausea/vomiting	2.0	4.8	2.6
Asthma symptoms	2.9	7.2	3.3
Cough	2.8	3.6	3.8

Other adverse events that occurred in ≤3% but ≥1% of patients and that were more common with fluticasone propionate (with uncertain relationship to treatment) included: blood in nasal mucus, runny nose, abdominal pain, diarrhea, fever, flu-like symptoms, aches and pains, dizziness, bronchitis.

Observed During Clinical Practice: In addition to adverse events reported from clinical trials, the following events have been identified during postapproval use of fluticasone propionate in clinical practice. Because they are reported voluntarily from a population of unknown size, estimates of frequency cannot be made. These events have been chosen for inclusion due to either their seriousness, frequency of reporting, causal connection to fluticasone propionate, occurrence during clinical trials, or a combination of these factors.

General: Hypersensitivity reactions, including angioedema, skin rash, edema of the face and tongue, pruritus, urticaria, bronchospasm, wheezing, dyspnea, and anaphylaxis/anaphylactoid reactions, which in rare instances were severe.

Ear, Nose, and Throat: Alteration or loss of sense of taste and/or smell and, rarely, nasal septal perforation, nasal ulcer, sore throat, throat irritation and dryness, cough, hoarseness, and voice changes.

Eye: Dryness and irritation, conjunctivitis, blurred vision, glaucoma, increased intraocular pressure, and cataracts.

OVERDOSAGE: Chronic overdosage with FLONASE Nasal Spray may result in signs/symptoms of hypercorticism (see PRECAUTIONS). Intranasal administration of 2 mg (10 times the recommended dose) of fluticasone propionate twice daily for 7 days to healthy human volunteers was well tolerated. Single oral doses up to 16 mg have been studied in human volunteers with no acute toxic effects reported. Repeat oral doses up to 80 mg daily for 10 days in volunteers and repeat oral doses up to 10 mg daily for 14 days in patients were well tolerated. Adverse reactions were of mild or moderate severity, and incidences were similar in active and placebo treatment groups. Acute overdosage with this dosage form is unlikely since one bottle of FLONASE Nasal Spray contains approximately 8 mg of fluticasone propionate.

The oral and subcutaneous median lethal doses in mice and rats were >1000 mg/kg (>20000 and >41000 times, respectively, the maximum recommended daily intranasal dose in adults and >10000 and >20000 times, respectively, the maximum recommended daily intranasal dose in children on a mg/m^2 basis).

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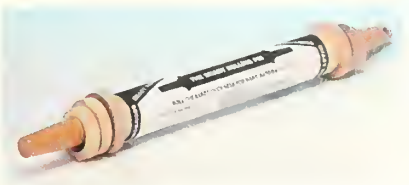




Preparing one of America's favorite foods can be a family affair, and this pizza oven, designed to reproduce the high temperature (550°F.) conditions of a pizzeria, cooks up delicious hearth-style pizza in minutes. This deluxe countertop model can create either a Chicago-style deep-dish pizza or a thin crispy crust. A pizza oven even adds flavor to frozen or ready-to-bake pizzas, too. It also can be used to bake calzones, quiche, dessert pies or breads. The Deni Deluxe Deep Dish Pizza Bella includes pizza peels, a nonstick deep-dish pan, a cooking stone, recipes and instructions; $87.95.

The Funny Face Pizza Party Kit by Kids Cooking Kits is a complete cooking project just for kids! The kit contains pizza-crust mix, delicious pizza sauce, a baking sheet, a safe-for-kids pizza cutter and topping ideas to make six to eight funny-face kid-size pizzas. Great for birthday parties or sleepovers. One kit is $24.95; additionals are $16.

To roll dough to the perfect thickness, you may want to try this innovative kitchen helper. The Smart Rolling Pin rolls the exact thickness needed for perfect pizza dough. Whether you need ¼", ⅛" or ⅜", simply adjust the O-rings on the pin and roll! Great for cookie dough and piecrusts, too! The pin sells for $37.95.



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Lose it for good!



Strapped for time? Tired of not seeing results? Put an end to the most common exercise excuses with a workout that fits your personality

By Liz Neporent

What stops you from exercising? According to an exclusive LHJ/iVillage.com survey of more than 3,000 women, 72 percent find it hard to stay motivated, 50 percent don't have the time and 29 percent find exercise boring. Because staying active helps prevent osteoporosis, heart disease and some cancers, speeds weight loss and keeps pounds off, we've created three fitness plans to put those excuses to rest. If you started our diet challenge last month, you're already on your way to a slimmer waistline and healthier eating habits. Now take the next step: Get moving! Then log on to *www.iVillage.com/loseitforgood* for detailed how-tos, advice from our Diet Dream Team of experts, motivational e-mails, daily workout ideas and more.

WHAT'S YOUR EXERCISE PERSONALITY?

To find a workout that works for you, check the behaviors on the following lists that describe you. Then try the fitness plan that addresses most of your issues. You can also mix and match the plans to fit your schedule.

Searching for results?

- ○ You hit the gym every day for two weeks, but when that flab doesn't firm up, you lose your enthusiasm.
- ○ You like to break a sweat and feel the burn—and always calculate the calories you've just worked off.
- ○ You'd be willing to put in a little extra time if it meant faster results.
- ○ After a workout, the rush of energy and adrenaline you feel makes you wish you exercised more often.
- ○ Your favorite exercise: strength-training, because it makes you feel powerful.

Bored silly?

- ○ You've tried everything once—Spinning, Tae-Bo, water aerobics—but somehow you just haven't gotten around to signing up for class number two.
- ○ You are often sidelined by a lack of motivation.
- ○ You still remember the step instructor two years ago whose classes were so fun that you went every day.
- ○ There is nothing more boring than a twenty-minute stint on the treadmill.
- ○ Your favorite exercise: a class that mixes a little of everything—from salsa to karate—in forty-five minutes or less.

Too busy to work out?

- ○ Most workouts ask too much of you—they're too long, too complex or require too much extra equipment.
- ○ You hate the idea of shelling out big bucks for a gym membership you'll never use.
- ○ You can't imagine how you could find time to work out for thirty minutes each day.
- ○ You're ecstatic when a workout is finally over.
- ○ Your favorite exercise: walking, because all you need is your own two feet.

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†Display unit itself is free, with a $9.98 shipping and handling fee added.

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For 29 percent of women, boredom is the problem. Trying new classes is the solution

Plan 1: Revved-Up Results

If you're like most women, you get discouraged because it takes too long to see improvements. This program is designed to bring results fast.

The basic workout: 30 to 60 minutes, five days a week

Smart aerobic choices: High-calorie-burning activities, such as jogging, hiking, in-line skating and kickboxing, that use several muscle groups.

Timesaver: When you work out with weights, take little or no rest before moving on to the next exercise. Called circuit training, this keeps your heart rate up, fatigues muscles and saves time.

To make it even better: Add interval training to your workout once a week. This technique, which includes bursts of higher-intensity exercise, burns more calories and revs up metabolism longer than a workout at a slow, steady pace. After warming up for five minutes, pick up the pace so you feel challenged for three minutes, then slow down to recover. Repeat this hard-easy cycle until you have completed your workout.

Staying focused: Before you begin the plan, record your weight and measurements in a notebook or in the Goal Tracker at *www.iVillage.com/loseitforgood*. Pull out the tape measure again every few weeks so you have tangible evidence of how much you're shaping up.

Sample routine

Day 1: Fast walk for 45 minutes, circuit-train for 15 minutes, stretch

Day 2: 60-minute Spinning class (includes stretching)

Day 3: Rest

Day 4: Walk-jog interval: After warming up, alternate three minutes of moderately paced walking with three minutes of jogging. Do ten interval cycles, then cool down and stretch. Circuit-train for 15 minutes.

Day 5: 60-minute step class (includes stretching)

Day 6: Fast walk for 45 minutes, circuit-train for 15 minutes, stretch

Day 7: Rest

Plan 2: Motivating Moves

Are you a repeat exercise dropout because just the thought of working out bores you? This program emphasizes fun and variety to help keep you in the game.

The basic workout: 30 to 45 minutes, three to five days a week

Smart aerobic choices: Feed off the energy of group classes like aerobics, kickboxing and Pilates. If you prefer to go it alone, try hiking, in-line skating or horseback riding.

Timesaver: Mix and match aerobic workouts. Besides offering variety, cross-training helps work several muscle groups at once, *(continued)*

HEALTHY HABITS

Our survey found that 55 percent of women exercise less than once or twice a week. You'll get the best results, however, if you do cardiovascular training and stretching three to five days a week. For even more success, follow these tips:

Add strength-training or toning exercises two to three times a week. Do at least one exercise per workout for each muscle group. (See "Easy Power Moves," page 100.) Rest a day between sessions to give your muscles a chance to recover and grow stronger.

Stretch after working out, when muscles are warm and limber. Hold each stretch for about sixty seconds.

Go at your own pace, but push yourself a little. During aerobic exercise, you're at the right intensity if you can feel your heart beating and you are sweating lightly. You should be able to carry on a conversation with a workout buddy—if you can't, you're pushing yourself too hard.

Calculate your maximum heart rate by subtracting your age from 220 to get a more accurate reading on how hard you're working. Multiply that number by 0.5 and 0.8 to determine your target heart-rate zone. You should be near the upper end of this zone at the peak of your workout.

Drink water before, during and after your workout. By the time you feel thirsty, you're in the early stages of dehydration, which saps energy.

Be prepared to make changes. The key to success is adapting your workout to your lifestyle, not the other way around. If you miss a few days because things don't go as expected, get back to your routine as soon as possible. Don't let temporary setbacks derail you permanently.

Always pay attention to how you feel and adjust these routines to your fitness level. Check with your doctor before you begin any exercise plan.


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More women prefer walking than any other exercise because it fits easily into their schedules

(continued) which saves time and can prevent injury.

To make it even better: Shake up your strength-training routine. Just one session with a personal trainer can provide new tricks. She'll help you perfect your technique as well. Or buy a muscle-toning video to generate ideas.

Staying focused: Record your workouts and measurements so you can see your progress, but also take the time to think about what you are trying to accomplish. When you work toward specific goals, it's easier to lace up your workout shoes.

Sample routine

Day 1: 45-minute kickboxing class or video (includes stretching)

Day 2: 30-minute body-sculpt class (includes resistance training and stretching), 15 minutes on the stationary bike

Day 3: Rest

Day 4: 45-minute yoga class or video

Day 5: 30 minutes of in-line skating, stretch

Day 6: 15-minute weight-training circuit, 30 minutes on the elliptical trainer, stretch

Day 7: Rest

Plan 3: Simplicity Rules

In our survey, 55 percent of women said that the cost of going to the gym prevents them from starting a workout program. Whether it's a tight budget or a busy schedule, you need a routine that's simple and convenient.

The basic workout: 30 to 45 minutes, three to five days a week

Smart aerobic choices: Walking and jogging are your best bets. Exercise videos are also effective.

Timesaver: You don't have to clock 30 minutes in the gym to see results—you'll burn the same amount of calories and fat if you split it up into two to three sessions.

To make it even better: When you're strength-training, choose exercises that do double duty. For example, lunges work both the buttocks and thighs. Add a biceps curl as you lunge, and you'll be giving your arms a workout, too.

Staying focused: Add fitness moves throughout your day. Walk around your office when you're stumped instead of sitting in front of your computer or take the dog for an extra walk.

Sample routine

Day 1: 15-minute brisk walk in the morning and at lunch, 15 minutes of weight training in the evening

Day 2: 15-minute brisk walk in the morning and at lunch, 15-minute jog in the evening

Day 3: Rest

Day 4: 30-minute exercise video

Day 5: Repeat Day 2

Day 6: Repeat Day 1

Day 7: Rest ■

Liz Neporent is co-author of "Fitness for Dummies" (IDG Books, 2000).

Easy Power Moves



Strength-training builds lean muscle, which boosts metabolism and helps burn calories. During each weight-lifting session, do one move for each body part. Start with these moves. For specific instructions and more exercises, log on to *www.iVillage.com/loseitfor good*. If you're just starting out, one set of 15 repetitions is enough; as you improve, build to three sets. Weights should be heavy enough that you feel the strain during the last few repetitions.

Glutes (buttocks) and quadriceps (front of thighs): Lunges (take a giant step forward, bending front leg until thigh is parallel to the floor and back knee almost touches the floor; stand and switch legs)

Hamstrings (back of thighs): Leg curls (with elbows and knees on the floor, lift one leg to hip height, straighten and bend knee; repeat, switch legs)

Calves: Toe raises (standing flat on the floor, gently lift yourself up on your toes; lower and repeat)

Chest: Push-ups

Back: One-arm row (with your left hand and left knee on a chair seat, bring your right arm up from a hanging position until elbow is pointed at the ceiling)

Shoulders: Shoulder press (standing, hold weights in both hands at your shoulders and press hands straight up above your head until arms are extended)

Biceps (front of arms): Concentration curl (see photo)

Triceps (back of arms): Triceps press (with your left hand and left knee on a chair seat, and your right arm bent with the elbow near your side, press right hand back until arm is straight and parallel to the floor)

Abs: Crunch with legs bent

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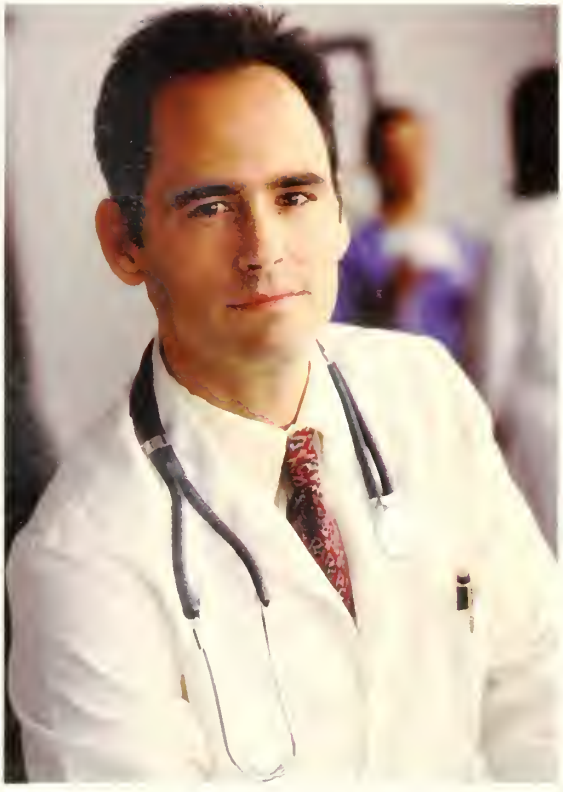
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Fight for your bones the way you'd fight to save your heart, your mind, even your teeth. Even health-conscious women can let menopause take as much as 25% of their bone before they know it. Just being Caucasian or Asian can increase your risk for postmenopausal osteoporosis. Family history or smoking are also factors. And these are just a few of the risks. Sadly, calcium alone may not be enough to protect you from bone loss and fracture.

Fight back with one of the strongest allies you can have—your doctor. Ask about Actonel, a proven weapon in the battle against postmenopausal osteoporosis. Actonel is a nonhormonal prescription medicine that helps your bones become more fracture resistant by actually reversing bone loss.

You should not take Actonel if you have low blood calcium, severe kidney disease, or cannot sit or stand for 30 minutes. Stop taking Actonel and tell your doctor if you experience difficult or painful swallowing, chest pain or severe or continuing heartburn because these may be signs of serious upper digestive problems. Side effects are generally mild or moderate and may include stomach pain or upset, or constipation. Follow dosing instructions carefully.

To learn more about Actonel and osteoporosis, talk to your healthcare provider, call toll-free 1-877-Actonel, or visit www.actonel.com.

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Turn the page for additional information on Actonel and osteoporosis.

Important Information for You About Actonel and Osteoporosis

■ ACTONEL® (AK-toh-nel) Patient Information generic name: (risedranate sodium tablets)

This leoflet tells you obaut ACTONEL and haw ta take it. Read this infarmatian carefully before you begin taking ACTONEL. It is impartont to take ACTONEL exactly as recommended. Read this information each time yaur prescription is refilled in case new information is availoble. This leaflet daes not take the place af discussions with yaur health care provider because it does not describe all the risks and benefits of ACTONEL. ACTONEL can be prescribed and dispensed anly by licensed health care profassionals; they have information about your medical condition and more information about ACTONEL. Talk with your health care pravider about ACTONEL befare you start taking the medicine and during your regular checkups.

■ What is the most impartant information I shauld knaw about ACTONEL?

Take ACTONEL once a day or as directed by your health care provider. You must take ACTONEL exactly as recammended so that it will wark and to reduce the risk af harmful side effects (see ***How should I take ACTONEL?***).

■ What is ACTONEL?

ACTONEL is a drug to treat and prevent osteoporosis. ACTONEL can reverse bone loss and help reduce the risk af breaking bones (fractures) by stopping further loss af bone and increasing bone mass. ACTONEL is not a harmone like estragen (hormone replacement therapy used in postmenapausal wamen). Therefare, it does not have all the benefits and risks of estrogen.

■ What is osteoporosis?

Osteoporosis is a diseose that causes bones ta become thinner. Thin bones can break easily. Mast people think of their bones as being solid like a rock. Actually, bone is tissue, just like other parts af the body—your heart, brain, or skin, for exomple. Bone just happens ta be a harder type af tissue. Bane is always changing. Yaur body keeps your bones strang and healthy by replacing old bone with new bane

When sameane has osteaparasis, the body remaves mare bone than it replaces. This means that banes get weaker and are more likely ta break Osteaparosis is a bane disease that is quite cammon, especially in alder wamen. Hawever, yaung peaple and men can develap asteaparosis, tao.

Osteaparosis can be prevented, and with praper therapy it can be effectively managed.

■ How can osteoporosis affect me?

In the early stages of osteaparasis, peaple aften have na pain or other symptams. As bones became weaker, they are mare likely ta break when someone falls—or even withaut a fall. While osteoparasis can affect any bone, the spine, wrist, and hip are the banes mast likely ta break. Peaple with asteaparasis may "shrink" (lose height), develap o curved back, or have severe back pain that forces them ta limit their activities.

■ Who is at risk for osteoporosis?

Many things put peaple at risk for asteaparosis. Some are just part of who yau are, like being a woman, going thraugh menopause ar already being pastmenapausal, being Caucasian or Asian, being thin, or having a family history of osteoporasis. Other factors include not getting enaugh calcium ar vitamin D, having an inactive lifestyle, smoking cigarettes, or drinking too much alcohol. Long-term use of cortisone-type medicines (such as prednisone) can alsa cause osteoporosis in both men and wamen of all ages.

■ Who should not take ACTONEL?

Do not take ACTONEL if you hove:

- low bload calcium (hypocolcemia)
- the inability ta sit or stand upright for 30 minutes
- an allergy to ACTONEL
- severe kidney disease

If you are pregnant or nursing (breast-feeding), or have severe kidney disease, talk to yaur health care provider before taking ACTONEL.

■ Haw should I take ACTONEL?

Take ACTONEL once daily ar as directed by your health care provider. It is important to take ACTONEL as recommended so that yau can benefit from the medicine. Following these recommendations also helps ACTONEL work correctly and helps you avoid possible irritatian of the esaphagus, the tube connecting the mouth and the stamach.

Take one ACTONEL tablet first thing in the marning while in an upright pasition (sitting or standing) befare you have anything to eat ar drink (other than plain water). Do not eat ar drink anything except plain water for 30 minutes after taking ACTONEL.

■ Remember:

- Take ane ACTONEL tablet with 6 ta 8 ounces (abaut 1 cup) af plain water (nat coffee, tea, or juice, and ***especially not milk or other dairy products***).
- After taking ACTONEL, wait at least 30 minutes befare lying down. You may sit, stand, ar da normal activities like read the newspaper, take a walk, etc.
- Swallaw ACTONEL whole rather than chewing it ar waiting far it to dissolve.
- If yau take vitamins, calcium, and antacids, take them at a different time af the day fram when yau take ACTONEL, at least 30 minutes after yau take ACTONEL.
- If you forget to take ACTONEL, da nat dauble your next dose. Simply take ACTONEL as yau normally wauld far yaur next dase.
- You should continue ta take ACTONEL far as lang as your health care pravider recammends. ACTONEL can treat yaur asteaparasis ar help keep you from getting asteaporasis anly if you continue ta take it.

■ What should I avoid while taking ACTONEL?

Faads and same supplements and medicines can stap yaur bady from absorbing ACTONEL. Therefare, da nat take these praducts at or near the time yau take ACTONEL: food, milk, calcium supplements, ar calcium-, aluminum-, or magnesium-containing medicines, such as antacids (see ***How should I take ACTONEL?***). Ask yaur he care provider if there is anything else you shoul avoid while taking this medicine

■ What are the possible side effects of ACTONEL?

Most people have no problems with ACTONE However, ACTONEL may cause side effects. Si effects fram ACTONEL are usually mild. They generally do not cause patients to stop taking ACTONEL.

In studies af ACTONEL in patients with osteoporasis, the most common side effects we reported abaut as aften with ACTONEL as with placebo (sugar pill). They include upset stomac abdominal (stomach area) pain, constipatian, diarrhea, gas, and headache.

This summary does nat include all the possible effects of ACTONEL. Talk ta your health care provider abaut passible side effects. Tell yaur h care provider if yau feel discamfort in yaur stom or esophagus (the tube connecting the mouth a the stomach). Stop taking ACTONEL and tell yo health care provider right away if swallowing is difficult ar painful, if yau have chest pain, or if yo have severe ar cantinuing heartburn.

Other important information

■ How can I tell if ACTONEL is working?

ACTONEL can build bane mass in most people who take it, even though they won't be able to s ar feel a difference. Your health care provider m measure the thickness (density) of your bones to check your progress. This is called a bone miner density measurement.

■ What if I have other questions about ACTONEL?

If yau have questions abaut ACTONEL, ask you health care provider ar pharmacist.

If you want ta read mare abaut ACTONEL, ask your health care pravider or pharmacist for the labeling written for health care professianals.

For mare information, call 1-877-ACTONEL (tol free) ar visit aur web site at www.actanel.com.

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NEW MOTORIZED MODEL NOW AVAILABLE!

Posture pointers

Straight talk on the hazards of slouching

By Anna Roufos



"Stand up straight! Don't slouch." We've all heard these admonishments from our mothers—but how many of us really know how to practice good posture? Very few, say experts, so it's time to straighten up. Proper posture can benefit health in many ways, from easing breathing to improving digestion.

It also can be the cure-all for everyday aches and pains. "When posture is bad, there's more pressure on the spine," explains Ed Hanley, M.D., chair of the department of orthopedics at the Carolinas Medical Center, in Charlotte, North Carolina. This can lead to tension, soreness, back problems and overall fatigue.

Hunched shoulders also cause shallow breathing. When oxygen fills only the top of your lungs, the heart has to speed up to provide enough blood for oxygen transport. "When you have poor posture, you don't get a proper exchange of airflow," says Marianne Frieri, M.D., Ph.D., director of allergy and immunology at Nassau University Medical Center, in East Meadow, New York. This kind of improper breathing may exacerbate asthma symptoms and worsen any stress-related condition.

There's also the link between posture and digestion. "When you're slumped over, you put excess pressure on your abdomen," says Steven Peikin, M.D., professor of medicine and head of the division of gastroenterology at the Robert Wood Johnson Medical School and Cooper Health System, in Camden, New Jersey. This can cause stomach acid to flow back into your esophagus, increasing your risk of gastroesophageal reflux disease (GERD).

If any of these complaints sound familiar, you'll be glad to know that good posture is a habit you can learn. Janice Novak, author of *Posture, Get It Straight!* (Berkley Publishing Group, 1999; for information, go to *www.improveyourposture.com*), suggests this exercise: Stand with your feet hip width apart. Pull in your abdominal muscles as if you were zipping up a pair of tight pants. Lift your rib cage as if there were a string pulling your breastbone to the ceiling. Unround your shoulders by rotating your arms back, and gently press your shoulders down, away from your ears. Pull your shoulder blades toward your spine and press them down toward your waistline. Then, without letting your shoulders roll forward, relax your arms, palms facing the sides of your thighs and thumbs pointing straight ahead. Finally, stretch the top of your head toward the ceiling. Keep this position for a few moments, relaxing into it and breathing normally.

Next, practice the right way to sit, says Novak. Keep your pelvis straight, as it is when you're standing, your rib cage lifted, and your ears, shoulders and hips aligned. Bend your arms at a 90-degree angle, as if you're typing on a keyboard, and keep your head straight up. Your thighs should be at a 90-degree angle with your torso, your feet flat on the floor.

Practice makes perfect—do these exercises regularly and soon, maintaining good posture will come naturally. You'll feel better, and, says Hanley, "People with good posture look better, too."


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The new hysterectomy

Many women put off hysterectomy because they fear post-surgery sexual problems and a long recovery. Now, a procedure called laparoscopic supracervical hysterectomy (LSH) leaves the cervix intact and allows patients to resume activity within days.

Hysterectomy is the second most frequently performed major surgery among women of reproductive age. Each year, about 650,000 women undergo the procedure to treat abnormal uterine bleeding, fibroids, chronic pelvic inflammatory disease, endometriosis or uterine or ovarian cancer. Most hysterectomies involve the removal of the uterus, cervix and ovaries through a large incision in the abdomen, and require a three- to five-day hospital stay and a six- to eight-week recovery.

In LSH, surgeons remove fibroids and other benign growths through a tube inserted into a tiny incision in the navel. They can also remove the uterus, fallopian tubes and ovaries in this way, without removing the cervix, which contributes to sexual pleasure and helps prevent vaginal prolapse and stress incontinence.

"There's less trauma to the body because of the tiny incision," says Tom Lyons, M.D., director of the Center for Women's Care and Reproductive Surgery, in Atlanta. There's less cutting and tissue manipulation, leading to less discomfort afterward. Most patients go home that day and can resume intercourse within two weeks.

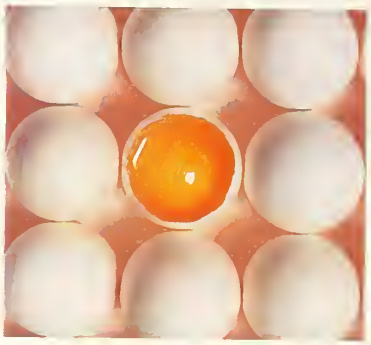
Pills that pile on pounds

A recent study found that many common medications can cause weight gain. Lawrence Cheskin, M.D., director of the Johns Hopkins Weight Management Center, in Baltimore, suggests you discuss these alternatives with your doctor:

DRUG	CAUSE OF WEIGHT GAIN	SOLUTION
Propranolol (hypertension)	May increase appetite	Switch to a new beta-blocker, such as acebutolol or betaxolol
Insulin and sulfonylureas (diabetes)	These control blood-sugar levels, causing nutrient and calorie retention	Use the lowest dose possible. Switch to an oral medication if you're injecting insulin, or take an oral medication along with a lower dose of insulin
Tricyclic antidepressants: amitripryline, imipramine	May increase appetite	Switch to a drug in the same class, such as nortriptyline, protriptyline or despiramine, or lower your dose
Steroid hormones, including the older class of birth control pills	Salt and water retention; increased appetite	Switch to an alternative, ask to take the medication less frequently, or switch to the newer class of birth control pills

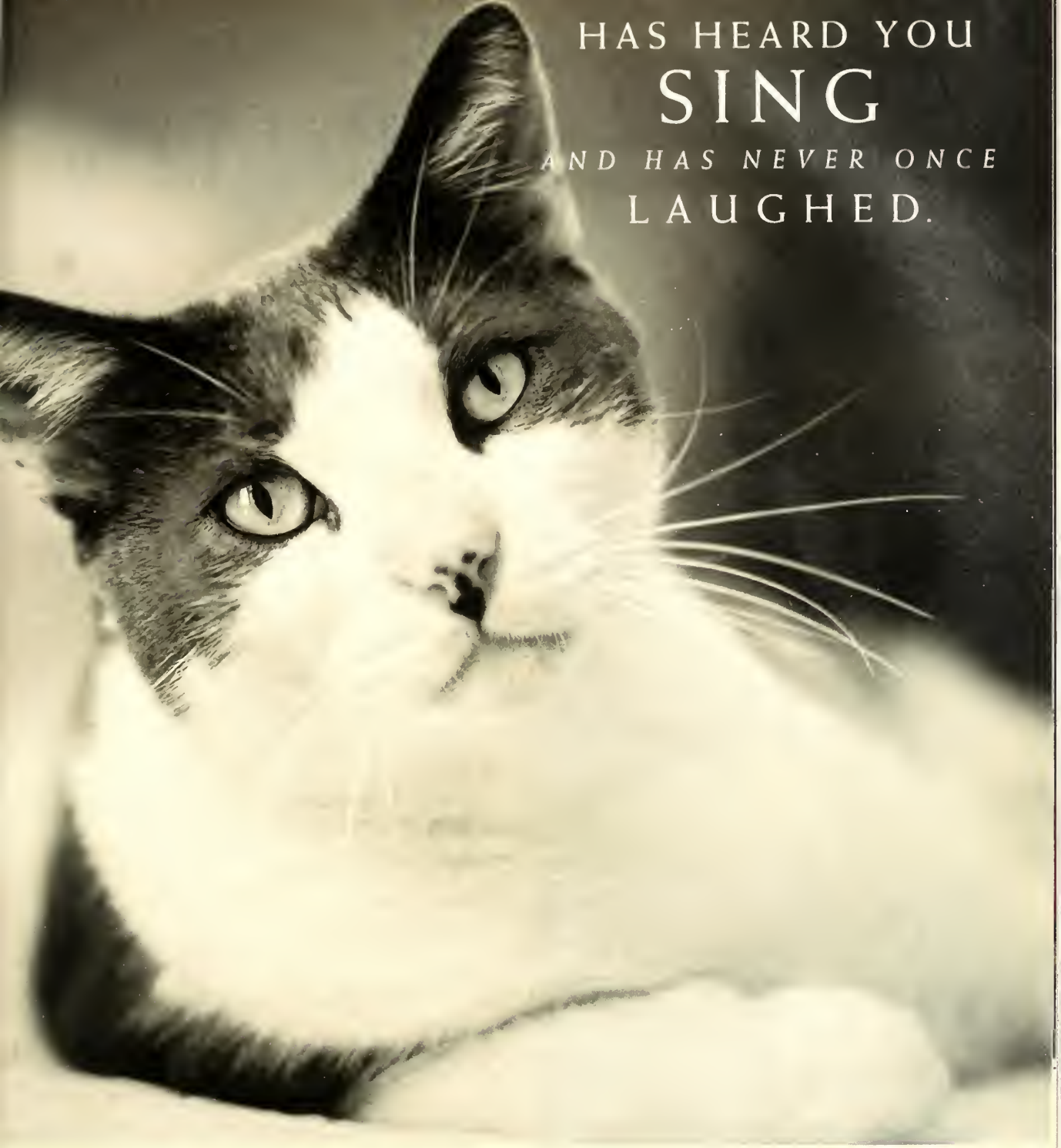
body briefs

Nagging is good for him
When a wife doesn't have time to nag her husband about eating right, taking medications and other healthful practices, his health suffers. According to a recent University of Chicago study, when a woman works more than forty hours a week over a three-year period, her husband's health deteriorates by up to 25 percent.

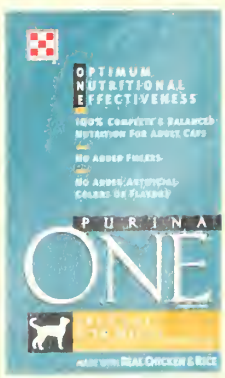


The new egg
It used to be that the only way to get beneficial omega-3 fatty acids was by eating fatty fish and flaxseed—not everyone's favorite picks. Now there's a new source hitting supermarkets: omega-3–fortified eggs. Each egg contains about 150 mg of the fatty acids, which have been found to lower cholesterol and triglyceride levels, prevent blood clotting, boost immunity and memory, and fight depression.

Working into the wee hours?
After seventeen to nineteen hours of staying awake, your reaction times are up to 50 percent slower than they are if you're legally drunk, according to a study of thirty-nine people in their thirties and forties. Mental and physical reaction times, accuracy, coordination and attention span were all tested. The longer participants stayed awake, the worse they performed.



act, your voice could sound like nails on a chalkboard, and your cat wouldn't mind a bit. All he
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"A murderer held me hostage"

As a Court TV producer, I'd interviewed dozens of criminals. But this was the first time I had anything to fear



I love my work, so I felt determined to finish the story on convicted killer Kenny Kimes, even after my terrifying ordeal

By Maria Zone,
As told to Valerie Kalfrin

I crouched in the corner of the room watching the clock on the wall. A man's arm stretched across my shoulders, but this was hardly an embrace. Behind me was Kenneth Kimes, a convicted murderer who forced me to sit between his legs, squeezing my neck as he whispered in my ear. He jabbed the point of a black pen against my throat and clutched me so tightly that I could feel his heart pounding against my back.

"They're going to kill me," he said.

About twenty-five guards and hostage negotiators had crowded into the prison visiting room and were watching us closely. Kenny—everyone calls him by his less-than-ominous nickname—warned them to back off. I'm sure he thought that they were going to jump him. "I'll make sure nobody hurts you," I said.

As a Court TV producer, I've interviewed dozens of criminals, and I've always felt safe. I'd traveled to the Clinton Correctional Facility in Dannemora, New York, to interview Kenny for *Crime Stories*, a one-hour series that profiles an infamous case. Kenny, twenty-five, and his mother, Sante, sixty-six, were convicted of murder in one of the wildest trials New York City had ever seen. Last May, without a shred of DNA evidence—or a body—a jury found the Kimeses guilty of killing Irene Silverman, a wealthy eighty-two-year-old widow whose multimillion-dollar townhouse they planned to steal.

At thirty-six, I've produced documentaries for eight years and worked on *Crime Stories* for three. The Kimeses' story, like others I've covered, is complex. When Kenny's father (also named Kenneth) died in 1994, Sante, a known con artist and convicted felon whom Kenny had often said he hated, became all he had. Soon mother and son were partners in various illegal schemes.

In 1998, Kenny and Sante set their sights on Silverman. With no children from her marriage, after her husband's death, Silverman divided her luxurious Upper East Side townhouse into several *(continued on page 114)*

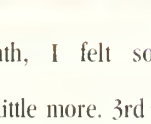
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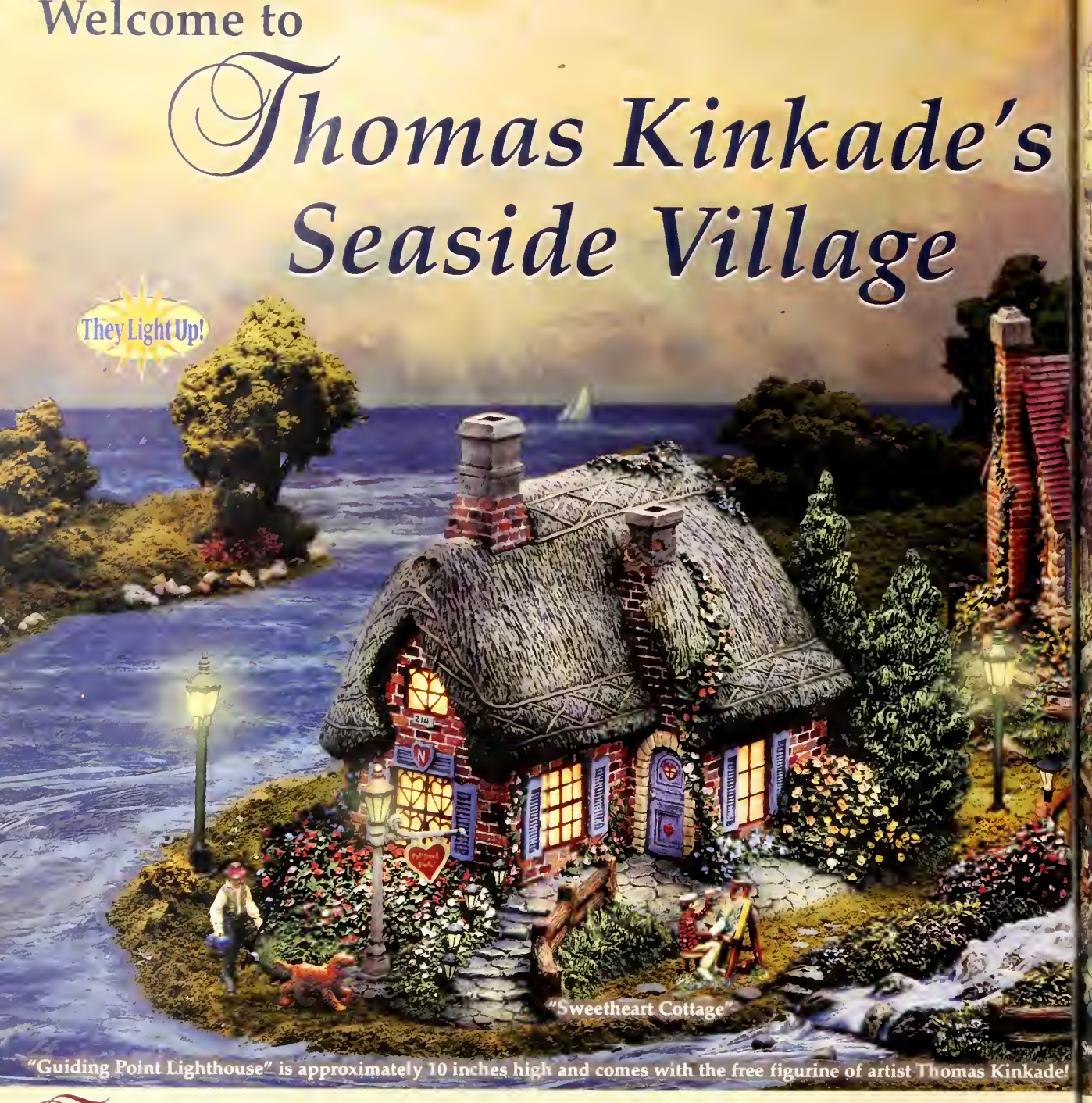


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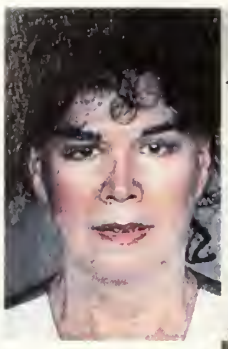
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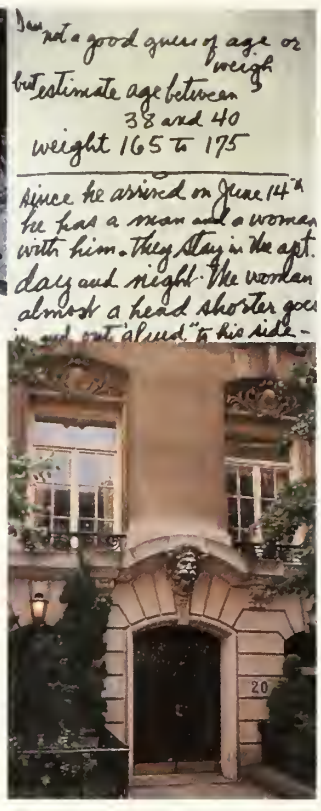
Hawthorne Village, 9210 N. Maryland St., Niles, IL 60714-1322

(continued from page 110)

$6,000-a-month apartments. That June, she rented one to Kenny, believing he was a Florida businessman named Manny Guerrin. He never told her that his mother was moving in, too.

Over the next few weeks, say investigators, Sante practiced forging Silverman's signature, tapped her phone and gathered the paperwork to transfer the deed to the townhouse, now on the market for $15 million, to Atlantis Group Ltd., a fake corporation she and Kenny had created.





Irene Silverman became suspicious of Kenny and Sante Kimes (above) immediately, and left notes (top right) to her staff. Silverman's Manhattan townhouse (bottom)

A housekeeper last saw Silverman alive on the morning of July 5, 1998. Her staff reported her missing just after midnight, and police allegedly found a trail of blood outside of her apartment. That same day, while a group of detectives released a sketch of Manny Guerrin, the Kimeses were coincidentally arrested at the New York Hilton on a warrant for passing a bad check in Utah. On July 7, a New York Police Department detective saw the sketch of "Guerrin" on TV and alerted those on Silverman's ease that he was already in custody under the name Kenneth Kimes.

In a hotel room and a Lineoln Town Car that the Kimeses had bought with the bad eheek, poliee diseovered a forged deed to Silverman's townhouse, an empty stun-gun box, handguns, ammunition, a duffle bag large enough to hold a body and about a dozen notebooks detailing their aliases and plans to swindle the property.

The Kimeses maintained their innocence. But after a fourteen-week trial, with about one hundred thirty witnesses and roughly four hundred pieces of evidence, a jury found Sante and Kenny guilty of murder, burglary, forgery, weapons possession and fraud, among other charges. The judge sentenced Sante to 120 years in prison; her son, believed to have carried out the murder, received 125.

While the Kimeses awaited trial in New York, investigators developed further evidence linking them to other people who had vanished, including David Kazdin, sixty-four, a former business associate in California whose body was discovered in Mareh 1998. Los Angeles prosecutors charged the Kimeses with killing Kazdin, who died two months after Sante allegedly took out a $280,000 mortgage in his name on a house that mysteriously burned to the ground. (Nearly two weeks after my ordeal at the prison, New York Governor George Pataki signed the extradition papers that would allow them to stand trial in California, where they face the death penalty.)

I found this mother-son crime team fascinating, so last spring, when my executive producer suggested the Kimeses for my next *Crime Stories*, I was immediately interested, and after briefly meeting with Kenny, seheduled an offieial interview for October 10. That morning my film crew and I set up our equipment in the prison visiting room, and the guard brought Kenny in just after noon. It didn't strike me as odd that he wasn't restrained, beeause I had been in situations before where the inmate wasn't handcuffed or shackled. I wasn't aware of the pen, but prisoners are allowed to bring one to interviews.

Kenny stalled for about an hour and a half before we started taping. Then, at about 2:15 P.M., he said he was hungry and thirsty. We had already stopped twice so he could use the bathroom, and this time I was so annoyed at having to break again that I took it upon myself to get him a snack and a drink from the vending machine in the hall.

When I returned, Kenny was standing in the center of the room. I don't remember him taking the candy and water from me, but he must have whipped me around when he snatehed it. The next thing I knew, Kenny was clutching me from behind, holding the pen to my neck, uttering "This is a hostage situation."

He told the others to back off as he dragged me to a corner of the room, pulling me to the floor. The guard must have sounded the alarm. Within minutes, guards and negotiators filled the room and rushed my erew out.

"I'm not going to hurt you," Kenny said in my ear, but his heart was pounding so fast against my baek that I wasn't so sure.

Soon he started ranting that he had gotten threats at the prison and that he would be killed when he went to Los Angeles. "My mother can't endure another trial," he yelled.

I thought if I stayed ealm, he would realize how erazy this was and that he wasn't helping his cause, but it didn't work. I watched the eloek, wanting to go home to my daughters, Gabriella, five, and Christina, twenty-one months, and thinking about my husband, Joe, forty-nine, who had driven to the prison with me.

An hour tieked by. Then another. A lot of what happened is a blur. I remember that I tried to make eye contact with Kenny. I wanted him to know that I *(continued)*



i know
that i'm very
complicated

i like it that way

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didn't want to be hurt. When I became especially scared, I clutched his arm and sobbed, and he promised that he wouldn't hurt me. But as the discussions with the negotiators dragged on, I sensed him becoming more nervous.

Still, I believed God was watching over me, and when I needed strength, I prayed. I asked Kenny to pray with me, and we said the Lord's Prayer together. Within a half hour, Kenny dropped the pen. I felt relieved and hoped that the ordeal would soon end. But he was still forcibly restraining me, so negotiators must have not thought it was the right time to move in.

About four hours after he first grabbed me, Kenny seemed to be getting tired. He slid over to my right side, clutching my arm and hauling me to my feet. Then he pulled me to a couple of chairs, forcing me to sit beside him. I was still scared, though by now, I was tired, too.

Another negotiator arrived and sat about three feet away. "It's about time we end this, Kenny," he said. "Let's do it peacefully."

Kenny asked where he was from, and the negotiator said Albany. I bet Kenny thought that meant officials were working on halting the extradition.

"See," the negotiator said, holding out a business card. As Kenny looked at it, the others pounced on him, and I was free. I ran for the door, where two female corrections officers escorted me to safety. When I finally saw Joe, I broke down.

After I pulled myself together, I called my bosses and a deputy drove us home. We arrived at 2:20 A.M.

The New York State Department of Correctional Services found Kenny guilty of violent conduct, violating direct orders, making threats, assault and weapons possession, and sentenced him to eight years in solitary confinement. About three weeks after he began serving that sentence, Kenny confessed to killing Silverman. He told detectives that he wrapped body in garbage bags and a duffle threw it in the trunk of the Town and drove around in New Jersey he found a construction site wher could leave it. He said he didn' member the name of the town.

Some people wonder if Kenny fessed to get his mother off the h or to get out of solitary confinem But I believe his confession is



After his father died, experts say Kenny Kimes deeply under the control his con-artist mother

When I became scared, I clutched Kenny's arm and sobbed

After years of falling der his mother's cont it's very possible that began to think for hi self once he was isolated.

Occasionally, Kenny's words v play back to me, but so far, I have had any nightmares or flashbac Even when I'm apprehensive, I determined not to let this incid keep me from conducting intervie in the future.

As for my documentary on t Kimeses, it airs March 19. Court never pressured me to finish the sto in fact, my executive producer thou I would want to get as far away fr the project as possible. But I love job, and when the story is final broadcast, I know I'll be proud I w strong enough to see it through. ■



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The woman who wouldn't be silenced

When she spoke out against prejudice in her community, Bonnie Jouhari became the target of a hate group. She risked her life by fighting back

By Mark Stuart Gill



Pursued by white supremacists, Bonnie Jouhari (right) and her daughter, Danielle, were forced to live undercover

Bonnie Jouhari will never forget the first time she experieneed racism. It was 1982, and she was on her way to see her parents with her newborn daughter, Danielle. Jouhari was nervous. She knew her father was upset beeause Danielle's father was blaek.

As Jouhari approaehed her parents' front door, she heard them arguing. "As long as I am alive," her father shouted, "that ehild will not set foot in this house! I will have nothing to do with her or her mother."

At that moment, reealls Jouhari, "I knew I would spend the rest of my life fighting for my daughter and fighting raeism."

MAKING A DIFFERENCE

By 1998, Jouhari, a single mother and eivil-rights activist, had done just that. At forty-four, she worked as a fair-housing speeialist for the U.S. Department of Housing and Urban Development (HUD) at the Reading–Berks Human Relations Couneil, in Reading, Pennsylvania. She gave seminars to promote eultural sensitivity in sehools, helped vietims of housing diserimination file complaints and started a hate-erimes task foree that made law enforeement and eommunity groups more sensitive to raeial issues.

If Jouhari was proud of her work, she was even prouder of her teenage daughter. Danielle was a junior in high sehool and one of the stars on the volleyball and track teams. "She was a great kid," says Jouhari. "She went to ehureh every Sunday and stayed away from drugs and drinking. It's not easy growing up half white, half blaek in this eounty."

Jouhari knew full well the problems minorities in her community faced. Through her work, she had discovered that 98 pereent of minorities in Berks County lived in a ten-square-mile radius in the eity of Reading. The other 864 square miles, with better, more affordable housing, were almost entirely white. Minorities who tried to move outside of the *(continued on page 122)*

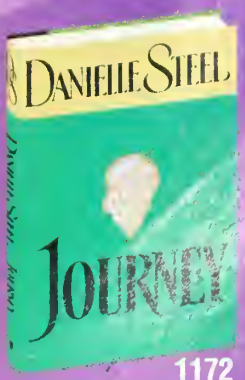


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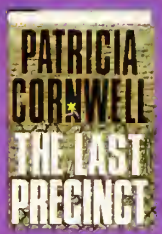
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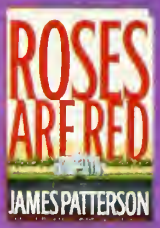
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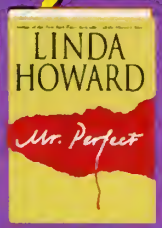
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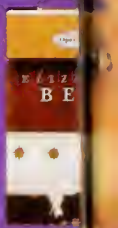
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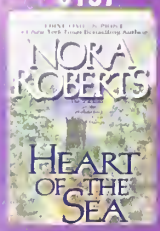


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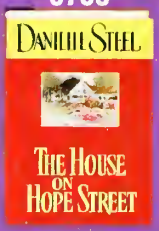


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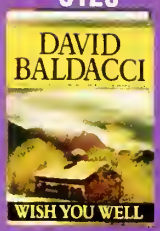
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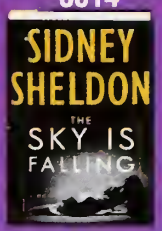
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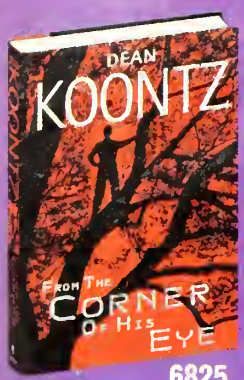


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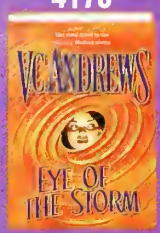


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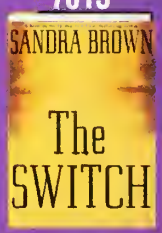
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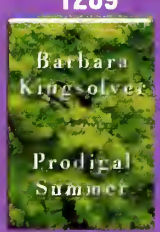
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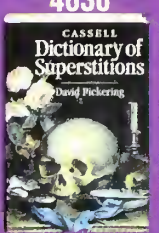

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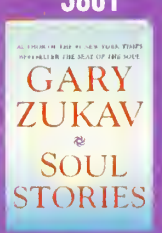
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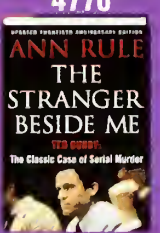
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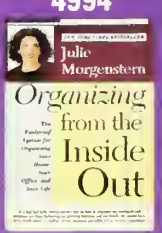
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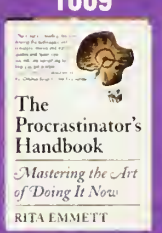
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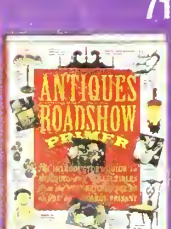


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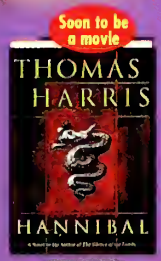
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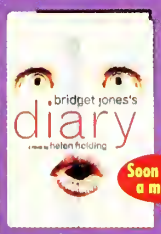
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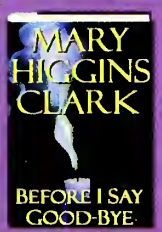
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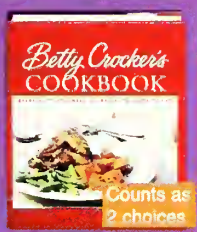
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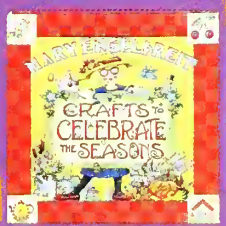
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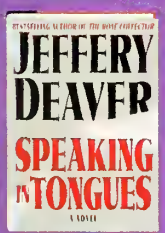
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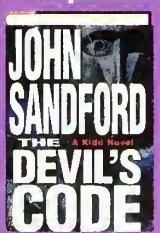
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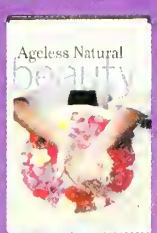
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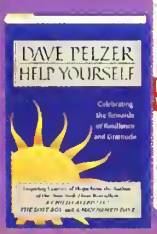
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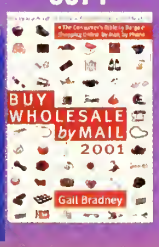
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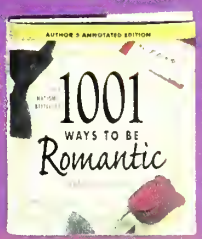
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THE WOMAN WHO WOULDN'T BE SILENCED

Continued from page 118

urban neighborhood met with stiff resistance. "There is a deeply entrenched prejudice that people here accept as a matter of daily life," Jouhari said in interviews with local TV stations and newspapers. "We talk about the importance of equality and take off the Martin Luther King holiday, but Pennsylvania continues to have one of the largest known Klu Klux Klan memberships in the country."

That spring, Jouhari received a phone call from a friend who had once been a member of a white supremacist group.

"Bonnie, you've really got people riled," he warned. "They've got a Web site with your picture on it. I think your life may be in danger."

"They" was a neo-Nazi group, called ALPHA HQ, headed by a man named Ryan Wilson. The group had listed Jouhari's home address on their Web site and under her photo posted the caption: "Traitors like this should beware, for in our day, they will be hung from the neck from the nearest tree or lamppost." The site showed a graphic of Jouhari's office blowing up in a mock explosion every five seconds and gave links to sites that provided instructions on how to make homemade explosives and mail bombs.

"I was concerned, but I wasn't going to stop my work," says Jouhari. But over the next few months, the harassment only became worse. Jouhari began receiving anonymous phone calls at home every night. Sometimes the cal played a funeral dirge. Other times, a voice would "You're dead, bitch," and hang up. Her office was van ized; the tires on her car were slashed.

That summer, Jouhari also found herself face-to-f with another nemesis, a white supremacist church pa named Roy Frankhouser. A one-time Grand Dragon of Pennsylvania Klu Klux Klan, Frankhouser had a histor more than one hundred forty criminal arrests. He discus Jouhari and the ALPHA HQ Web site on his local cable show, *White Forum*. Frankhouser also began sitting o public bench directly outside Jouhari's office every staring at her through the window. Sometimes he wo pull out a camera and snap a photo of her.

Jouhari complained about Frankhouser to the Read police. "They declined to charge him and told me he ha right to sit on a public bench," says Jouhari. Outraged, filed a formal complaint against Frankhouser for stalki "The police said I was being paranoid and threatened to rest me for filing a false police report."

Local authorities maintain they followed the proper p cedures. "There was no basis for criminal prosecutio says Gerald Toor, a spokesman for the Reading Police partment. "We were satisfied we did the right things un the circumstances."

Some police officers may have believed Jouhari's tr bles were her own doing. If there was an event sponso

hate group or a KKK meeting, would schedule a counter onstration across the street. v enforcement thought, Why ld I go out on a limb for her?" nins a civil-rights attorney fa- r with Jouhari's case.

uhari finally convinced the sylvania State Attorney Gener- get a restraining order to shut n the ALPHA HQ Web site. the harassment against her con- ed. Jouhari contacted officials UD, hoping they could help her. But as a civil agency,) was precluded from becoming involved in the case the U.S. Department of Justice completed a criminal stigation. "Justice and the FBI did start an investiga- ." says Jouhari. "But that was going to take months. My was in immediate danger."

ouhari had been able to shield Danielle from most of the ssment. But in August 1998, the teen received a call on private telephone line. "I know what your mother's n looks like," a voice whispered.

oon, Danielle was receiving threatening calls every t. A strange man began showing up at her track meets staring at her. Jouhari knew it was time to tell her ghter how serious the situation was. "I was upset that mother had kept stuff from me," says Danielle. "But mostly, I was just really scared."



Roy Frankhouser, a white supremacist, was one of Jouhari's chief harassers

"In my daughter's eyes, I saw the fear I had been trying to ignore," says Jouhari. "I realized how out of control things had gotten." Because she wasn't getting any help from authorities, Jouhari decided that she and Danielle had to leave town before it was too late.

ON THE RUN

On November 26, mother and daughter set out for Seattle, where Jouhari felt they'd be far enough away to be safe. Danielle was hysterical. "This isn't fair, Mom!" she yelled. "What about my high school prom? What about my varsity letter? You made these choices for your own life, but you screwed up mine. How could you get us in this situation? You ruined my life. For what?"

Heartbroken, Jouhari felt she had no other choice. Her only hope was that the Justice Department would press criminal charges against Ryan Wilson or Roy Frankhouser. That might qualify Jouhari and Danielle for victim's assistance, and perhaps, even admittance to the Federal Witness Protection Program.

In the meantime, mother and daughter were forced to live undercover. Using a false name, Jouhari rented a one-bedroom apartment near Seattle. "We felt a *(continued)*



(continued) little safer for the first time in months," she recalls.

But that sense of security didn't last. A few weeks later, Jouhari opened the front door and found a dead rabbit on the step. Later that day, the phone rang. "You'd better get a will," warned the voice.

Terrified, Jouhari and Danielle moved to another town. Within two weeks, Jouhari came home from work to find all the kitchen cabinets open and a gold bullet on one of the shelves. A few weeks later, Danielle called Jouhari in hysterics. While she was at school, someone had turned on all the lights in the apartment and pulled their clothes from the closet. After that, Danielle slept clutching a kitchen knife; Jouhari purchased a 9-millimeter gun.



Jouhari (with then-HUD Secretary Andrew Cuomo) spoke at a news conference about her case

Roy Frankhouser publicly apologized for his hate crimes against Jouhari and her daughter, Danielle

By December 1999, life on the run was beginning to take its toll. Jouhari and Danielle argued constantly. At seventeen, Danielle had become tearful, withdrawn and moody, and she had lost almost twenty-five pounds. The day after Christmas, she became so ill that Jouhari took her to the hospital emergency room. An ER doctor broke the news: Danielle was pregnant.

The father of the baby was a young man in the Navy; he and Danielle were no longer involved. Danielle told her mother that she wanted to have the baby and raise him or her.

"I promised to stand by whatever decision she made," remembers Jouhari. But she was devastated. "I had worked so hard to make sure my daughter had her future planned. Danielle was looking for something to hang on to, for a sense of security I just couldn't give her. I don't think this would have happened if I hadn't torn her from her roots."

HELP AT LAST

On January 16, 2000, Jouhari received a phone call that changed her life. The caller identified himself as Andrew Cuomo, the secretary of the U.S. Department of HUD.

"The Justice Department has finally given us the go-ahead to start a civil action against the men harassing you," Cuomo told her. He explained that a civil lawsuit would not result in any jail time for her harassers. But it was the only weapon HUD had at its disposal.

"Do you know how hard it's been for me, a white woman with dozens of connections in law enforcement, to get even a little justice?" Jouhari asked him. "Can you imagine what minority women out there are going through every day?"

Cuomo apologized. "There is nothing I can do that will make up for what you've been through," he said. He admitted that the civil case wouldn't be easy to win. "I need both you and Danielle to come East to testify as lead witnesses," he told her. "We cannot do this without you."

Jouhari and Danielle flew to Washington, D.C. In April, HUD filed a groundbreaking lawsuit against Ryan Wilson; the agency continued to investigate Jouhari's complaint against Roy Frankhouser. Wilson was charged with violating the Fair Housing Act, which prohibits discrimination in housing on the basis of race, color, sex or national origin. The Act also forbids any practices that prevent fair-housing workers from enforcing it. The lawsuit contended that Wilson did just that by forcing Jouhari and her daughter to flee.

In early May, Roy Frankhouser looked at the case the government was building against him and chose to sign a conciliation agreement in order to avoid a lawsuit. The terms require Frankhouser to stay at least 100 feet from Jouhari and Danielle for the rest of his life, issue a public apology on his cable TV show, attend a sensitivity-training program approved by HUD and perform one thousand hours of community service. (Frankhouser has made the public apology; HUD employees are monitoring him to make sure he fulfills the other requirements of the agreement.)

A few days later, Danielle and her mother were the honored guests at a news conference. "My mother worked for years to promote fair housing for minorities in the face of obvious adversity," Danielle told the crowd. "I admit I had lost my faith in the system and my government. You had failed us. But what you have done here has restored some of that faith."

In the meantime, the case against Wilson went to trial. On August 11, just as Jouhari was about to rush Danielle, in labor, to the hospital, the phone rang. It was one of Jouhari's friends from HUD. "Can you loan me some money now that you're a millionaire?" she asked.

The woman explained that the judge had ordered Ryan Wilson to pay Jouhari and *(continued on page 190)*

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Brief Summary of Prescribing Information. For complete [illegible] package insert.

CONTRAINDICATIONS: Hypersensitivity to any component of this medication. Active liver disease or unexplained, persistent elevations in liver function tests (see **WARNINGS**). *Pregnancy and lactation.* Atherosclerosis is a chronic process and discontinuation of lipid-lowering drugs during pregnancy should have little impact on the outcome of long-term therapy of primary hypercholesterolemia. Cholesterol and other products of cholesterol biosynthesis are essential components for fetal development (including synthesis of steroids and cell membranes). Since HMG-CoA reductase inhibits decrease cholesterol synthesis and possibly the synthesis of other biologically active substances derived from cholesterol, they are contraindicated during pregnancy and in nursing mothers. **Pravastatin should be administered to women of childbearing age only when such patients are highly unlikely to conceive and have been informed of the potential hazards.** If the patient becomes pregnant while taking this class of drug, therapy should be discontinued immediately and the patient apprised of the potential hazard to the fetus (see **PRECAUTIONS: Pregnancy**).

WARNINGS: Liver Enzymes: HMG-CoA reductase inhibitors, like some other lipid-lowering therapies, have been associated with biochemical abnormalities of liver function. Increases of serum transaminase (ALT, AST) values to more than 3 times the upper limit of normal occurring on 2 or more (not necessarily consecutive) occasions have been reported in 1.3% of patients treated with pravastatin in the US over the average period of 18 months. These abnormalities were not associated with cholestasis and did not appear to be related to treatment duration. In those patients in whom these abnormalities were believed to be related to pravastatin and who were discontinued from therapy, the transaminase levels usually fell slowly to pretreatment levels. These biochemical findings are usually asymptomatic. Although worldwide experience indicates that anorexia, weakness, and/or abdominal pain may also be present in rare patients. In the largest long-term placebo-controlled clinical trial with pravastatin (Pravastatin Primary Prevention Study, see **CLINICAL PHARMACOLOGY**), the overall incidence of AST and/or ALT elevations to greater than three times the upper limit of normal was 1.0% in the pravastatin group as compared to 0.75% in the placebo group. One (0.03%) pravastatin-treated patient and 2 (0.06%) placebo treated patients were discontinued because of transaminase elevations. Of the patients with normal liver function at week 12, three of 2875 treated with pravastatin (0.10%) and one of the 2919 placebo patients (0.03%) had elevations of AST greater than three times the upper limit of normal on two consecutive measurements and/or discontinued due to elevations in transaminase levels during the 4.8 years (median treatment) of the study. **It is recommended that liver function tests be performed prior to and at 12 weeks following initiation of therapy or the elevation of dose.** Patients who develop increased transaminase levels or signs and symptoms of liver disease should be monitored with a second liver function evaluation to confirm the finding and be followed thereafter with frequent liver function tests until the abnormality(ies) return to normal. Should an increase in AST or ALT of three times the upper limit of normal or greater persist, withdrawal of pravastatin therapy is recommended. Active liver disease or unexplained transaminase elevations are contraindications to the use of pravastatin (see **CONTRAINDICATIONS**). Caution should be exercised when pravastatin is administered to patients with a history of liver disease or heavy alcohol ingestion (see **CLINICAL PHARMACOLOGY: Pharmacokinetics/Metabolism**). Such patients should be closely monitored, started at the lower end of the recommended dosing range, and titrated to the desired therapeutic effect. **Skeletal Muscle: Rare cases of rhabdomyolysis with acute renal failure secondary to myoglobinuria have been reported with pravastatin and other drugs in this class.** Uncomplicated myalgia has also been reported in pravastatin-treated patients (see **ADVERSE REACTIONS**). Myopathy, defined as muscle aching or muscle weakness in conjunction with increases in creatine phosphokinase (CPK) values to greater than 10 times the upper normal limit, was rare (< 0.1%) in pravastatin clinical trials. Myopathy should be considered in any patient with diffuse myalgias, muscle tenderness or weakness, and/or marked elevation of CPK. Patients should be advised to report promptly unexplained muscle pain, tenderness or weakness, particularly if accompanied by malaise or fever. **Pravastatin therapy should be discontinued if markedly elevated CPK levels occur or myopathy is diagnosed or suspected. Pravastatin therapy should also be temporarily withheld in any patient experiencing an acute or serious condition predisposing to the development of renal failure secondary to rhabdomyolysis, e.g., sepsis; hypotension; major surgery; trauma; severe metabolic, endocrine, or electrolyte disorders; or uncontrolled epilepsy.** The risk of myopathy during treatment with another HMG-CoA reductase inhibitor is increased with concurrent therapy with either erythromycin, cyclosporine, niacin, or fibrates. However, neither myopathy nor significant increases in CPK levels have been observed in three reports involving a total of 100 post-transplant patients (24 renal and 76 cardiac) treated for up to two years concurrently with pravastatin 10-40 mg and cyclosporine. Some of these patients also received other concomitant immunosuppressive therapies. Further, in clinical trials involving small numbers of patients who were treated concurrently with pravastatin and niacin, there were no reports of myopathy. Also, myopathy was not reported in a trial of combination pravastatin (40 mg/day) and gemfibrozil (1200 mg/day), although 4 of 75 patients on the combination showed marked CPK elevations versus one of 73 patients receiving placebo. There was a trend toward more frequent CPK elevations and patient withdrawals due to musculoskeletal symptoms in the group receiving combined treatment as compared with the groups receiving placebo, gemfibrozil, or pravastatin monotherapy (see **PRECAUTIONS: Drug Interactions**). **The use of fibrates alone may occasionally be associated with myopathy. The combined use of pravastatin and fibrates should be avoided unless the benefit of further alterations in lipid levels is likely to outweigh the increased risk of this drug combination.**

PRECAUTIONS: General: PRAVACHOL (pravastatin sodium) may elevate creatine phosphokinase and transaminase levels (see **ADVERSE REACTIONS**). This should be considered in the differential diagnosis of chest pain in a patient on therapy with pravastatin. *Homozygous Familial Hypercholesterolemia.* Pravastatin has not been evaluated in patients with rare homozygous familial hypercholesterolemia. In this group of patients, it has been reported that HMG-CoA reductase inhibitors are less effective because the patients lack functional LDL receptors. *Renal Insufficiency.* A single 20 mg oral dose of pravastatin was administered to 24 patients with varying degrees of renal impairment (as determined by creatinine clearance). No effect was observed on the pharmacokinetics of pravastatin or its 3α-hydroxy isomeric metabolite (SO 31,906). A small increase was seen in mean AUC values and half-life (1½) for the inactive enzymatic ring hydroxylation metabolite (SO 31,945). Given this small sample size, the dosage administered, and the degree of individual variability, patients with renal impairment who are receiving pravastatin should be closely monitored. **Information for Patients:** Patients should be advised to report promptly unexplained muscle pain, tenderness or weakness, particularly if accompanied by malaise or fever (see **WARNINGS: Skeletal Muscle**). **Drug Interactions:** *Immunosuppressive Drugs, Gemfibrozil, Niacin (Nicotinic Acid), Erythromycin:* See **WARNINGS: Skeletal Muscle**. *Cytochrome P450 3A4 Inhibitors. In vitro* and *in vivo* data indicate that pravastatin is not metabolized by cytochrome P450 3A4 to a clinically significant extent. This has been shown in studies with known cytochrome P450 3A4 inhibitors (see diltiazem and itraconazole below). Other examples of cytochrome P450 3A4 inhibitors include ketoconazole, mibefradil, and erythromycin. *Diltiazem* – Steady-state levels of diltiazem (a known, weak inhibitor of P450 3A4) had no effect on the pharmacokinetics of pravastatin. In this study, the AUC and C_{max} of another HMG-CoA reductase inhibitor which is known to be metabolized by cytochrome P450 3A4 increased by factors of 3.6 and 4.3, respectively. *Itraconazole* – The mean AUC and C_{max} for pravastatin were increased by factors of 1.7 and 2.5, respectively, when given with itraconazole (a potent P450 3A4 inhibitor which also inhibits p-glycoprotein transport) as compared to placebo. The mean $t_{1/2}$ was not affected by itraconazole, suggesting that the relatively small increases in C_{max} and AUC were due solely to increased bioavailability rather than a decrease in clearance, consistent with inhibition of p-glycoprotein transport by itraconazole. This drug transport system is thought to affect bioavailability and excretion of HMG-CoA reductase inhibitors, including pravastatin. The AUC and C_{max} of another HMG-CoA reductase inhibitor which is known to be metabolized by cytochrome P450 3A4 increased by factors of 19 and 17, respectively, when given with itraconazole. *Antipyrine.* Since concomitant administration of pravastatin had no effect on the clearance of antipyrine, interactions with other drugs metabolized via the same hepatic cytochrome isozymes are not expected. *Cholestyramine/Colestipol.* Concomitant administration resulted in an approximately 40 to 50% decrease in the mean AUC of pravastatin. However, when pravastatin was administered 1 hour before or 4 hours after cholestyramine or 1 hour before colestipol and a standard meal, there was no clinically significant decrease in bioavailability or therapeutic effect (See **DOSAGE AND ADMINISTRATION: Concomitant Therapy**.) *Warfarin.* Pravastatin had no clinically significant effect on prothrombin time when administered in a study to normal elderly subjects who were stabilized on warfarin. *Cimetidine.* The AUC, $t_{1/2}$, for pravastatin when given with cimetidine was not significantly different from the AUC for pravastatin when given alone. A significant difference was observed between the AUC's for pravastatin when given with cimetidine compared to when administered with antacid. *Digoxin.* In a crossover trial involving 18 healthy male subjects given pravastatin and digoxin concurrently for 9 days, the bioavailability parameters of digoxin were not affected. The AUC of pravastatin tended to increase, but the overall bioavailability of pravastatin plus its metabolites SO 31,906 and SO 31,945 was not altered. *Cyclosporine.* Some investigators have measured cyclosporine levels in patients on pravastatin, and to date, these results indicate no clinically meaningful elevations in cyclosporine levels. In one single-dose study, pravastatin levels were found to be increased in cardiac transplant patients receiving cyclosporine. *Gemfibrozil.* In a crossover study in 20 healthy male volunteers given concomitant single doses of pravastatin and gemfibrozil, there was a significant decrease in urinary excretion and protein binding of pravastatin. In addition, there was a significant increase in AUC, C_{max}, and T_{max} for the pravastatin metabolite SO 31,906. Combination therapy with pravastatin and gemfibrozil is generally not recommended. In interaction studies with *aspirin, antacids* (1 hour prior to PRAVACHOL), *cimetidine, nicotinic acid,* or *probucol,* no statistically significant differences in bioavailability were seen when PRAVACHOL (pravastatin sodium) was administered. **Endocrine Function:** HMG-CoA reductase inhibitors interfere with cholesterol synthesis and lower circulating cholesterol levels and, as such, might theoretically blunt adrenal or gonadal steroid hormone production. Results of clinical trials with pravastatin in males and post-menopausal females were inconsistent with regard to possible effects of the drug on basal steroid hormone levels. In a study of 21 males, the mean testosterone response to human chorionic gonadotropin was significantly reduced ($p < 0.004$) after 16 weeks of treatment with 40 mg of pravastatin. However, the percentage of patients showing a >50% rise in plasma testosterone after human chorionic gonadotropin stimulation did not change significantly after therapy in these patients. The effects of HMG-CoA reductase inhibitors on spermatogenesis and fertility have not been studied in adequate numbers of patients. The effects, if any, of pravastatin on the pituitary-gonadal axis in pre-menopausal females are unknown. Patients treated with pravastatin who display clinical evidence of endocrine dysfunction should be evaluated appropriately. Caution should also be exercised if an HMG-CoA reductase inhibitor or other agent used to lower cholesterol levels is administered to patients also receiving other drugs (e.g., ketoconazole, spironolactone, cimetidine) that may diminish the levels or activity of steroid hormones. **CNS Toxicity:** CNS vascular lesions, characterized by perivascular hemorrhage and edema and mononuclear cell infiltration of perivascular spaces, were seen in dogs treated with pravastatin at a dose of 25 mg/kg/day, a dose that produced a plasma drug level about 50 times higher than the mean drug level in humans taking 40 mg/day. Similar CNS vascular lesions have been observed with several other drugs in this class. A chemically similar drug in this class produced optic nerve degeneration (Wallerian degeneration of retinogeniculate fibers) in clinically normal dogs in a dose-dependent fashion starting at 60 mg/kg/day, a dose that produced mean plasma drug levels about 30 times higher than the mean drug level in humans taking the highest recommended dose (as measured by total enzyme inhibitory activity). This same drug also produced vestibulocochlear Wallerian-like degeneration and retinal ganglion cell chromatolysis in dogs treated for 14 weeks at 180 mg/kg/day, a dose which resulted in a mean plasma drug level similar to that seen with the 60 mg/kg/day dose. **Carcinogenesis, Mutagenesis, Impairment of Fertility:** In a 2-year study in rats fed pravastatin at doses of 10, 30, or 100 mg/kg body weight, there was an increased incidence of hepatocellular carcinomas in males at the highest dose ($p < 0.01$). Although rats were given up to 125 times the human dose (HD) on a mg/kg body weight basis, serum drug levels were only 6 to 10 times higher than those in humans given 40 mg pravastatin as measured by AUC. In a 2-year study in mice fed pravastatin at doses of 250 and 500 mg/kg/day, there was an increased incidence of hepatocellular carcinomas in males and females at both 250 and 500 mg/kg/day. At these doses, lung adenomas in females were increased ($p = 0.013$). Serum drug levels were 30 to 40 times (250 mg/kg/day) and 50 times (500 mg/kg/day) that of humans given 40 mg pravastatin, as measured by AUC. In another 2-year study in mice at up to 100 mg/kg/day (producing plasma drug levels up to 5 times human drug levels at 40 mg), there were no drug-induced tumors. No evidence of mutagenicity was observed *in vitro*, with or without rat-liver metabolic activation, in the following studies: Ames mutagen tests, using mutant strains of *Salmonella typhimurium* or *Escherichia coli*; a forward mutation assay in L5178Y TK+/- mouse lymphoma cells; a chromosomal aberration test in hamster cells, and a gene conversion assay using *Saccharomyces cerevisiae*. In addition, there was no evidence of mutagenicity in either a dominant lethal test in mice or a micronucleus test in mice. In rats, with daily doses up to 500 mg/kg, pravastatin did not produce any adverse effects on fertility or general reproductive performance. However, in a study with another HMG-CoA reductase inhibitor, there was decreased fertility in male rats treated for 11 weeks at 25 mg/kg body weight, although this effect was not observed in a subsequent fertility study when this same drug was administered for 11 weeks (the entire cycle of spermatogenesis, including epididymal maturation). In rats treated with another HMG-CoA reductase inhibitor at 180 mg/kg/day, seminiferous tubule degeneration (necrosis and loss of spermatogenic epithelium) was observed. Although not seen with pravastatin, two similar drugs in this class caused drug-related testicular atrophy, decreased spermatogenesis, spermatocytic degeneration, and giant cell formation in dogs. The clinical significance of these findings is unknown. **Pregnancy: Pregnancy Category X.** See **CONTRAINDICATIONS**. Safety in pregnant women has not been established. Pravastatin was not teratogenic in rats at doses up to 1000 mg/kg daily or in rabbits at doses of up to 50 mg/kg daily. These doses result in a 6x (rabbit) or 240x (rat) the human exposure based on surface area (mg/meter^2). Rare reports of congenital anomalies have been received following intrauterine exposure to other HMG-CoA reductase inhibitors. In a review[1] of approximately 100 prospectively followed pregnancies in women exposed to simvastatin or lovastatin, the incidences of congenital anomalies, spontaneous abortions, and fetal deaths/stillbirths did not exceed what would be expected in the general population. The number of cases is adequate to exclude a three-to-four-fold increase in congenital anomalies over the background incidence. In 89% of the prospectively followed pregnancies, drug treatment was initiated prior to pregnancy and was discontinued at some point in the first trimester when pregnancy was identified. As safety in pregnant women has not been established and there is no apparent benefit to therapy with PRAVACHOL during pregnancy (see **CONTRAINDICATIONS**), treatment should be immediately discontinued as soon as pregnancy is recognized. PRAVACHOL (pravastatin sodium) should be administered to women of child-bearing potential only when such patients are highly unlikely to conceive and have been informed of the potential hazards. **Nursing Mothers:** A small amount of pravastatin is excreted in human breast milk. Because of the potential for serious adverse reactions in nursing infants, women taking PRAVACHOL should be advised by a nurse (see **CONTRAINDICATIONS**). **Pediatric Use:** Safety and effectiveness in individuals less than 18 years old have not been established. Hence, treatment in patients less than 18 years old is not recommended at this time. **Geriatric Use:** Two primary prevention trials with pravastatin (CARE and LIPID) included a total of 6,593 subjects treated with pravastatin 40 mg for periods of up to 6 years. Across these two studies, 36.1% of pravastatin subjects were aged 65 and older and 0.8% were aged 75 and older. The beneficial effect of pravastatin in elderly subjects in reducing cardiovascular events and in modifying lipid profiles was similar to that seen in younger subjects. The adverse event profile in the elderly was similar to that in the overall population. Other reported clinical experience has not identified differences in responses to pravastatin between elderly and younger patients. Mean pravastatin AUCs are slightly (25-50%) higher in elderly subjects than in healthy young subjects, but mean C_{max}, T_{max}, and $t_{1/2}$ values are similar in both age groups and substantial accumulation of pravastatin would not be expected in the elderly (see **CLINICAL PHARMACOLOGY: Pharmacokinetics/Metabolism**).

ADVERSE REACTIONS: Pravastatin is generally well tolerated; adverse reactions have usually been mild and transient. In long placebo-controlled trials, 1.7% of pravastatin-treated patients and 1.2% of placebo-treated patients were discontinued from treatment because of adverse experiences attributed to study drug therapy; this difference was not statistically significant. In long-term studies, the most common reasons for discontinuation were asymptomatic serum transaminase increases and non-specific gastrointestinal complaints. (See also **PRECAUTIONS: Geriatric Use** section.) **Adverse Clinical Events:** All adverse events (regardless of attribution) reported in more than 2% of pravastatin-treated patients in the placebo-controlled trials are listed in the table below; also shown are the percentages of patients in whom these medical events were believed to be related or possibly related to the drug.

	All Events		Events Attributed to Study Drug	
Body System/Event	**Pravastatin (N = 900) %**	**Placebo (N = 411) %**	**Pravastatin (N = 900) %**	**Placebo (N = 411) %**
Cardiovascular				
Cardiac Chest Pain	4.0	3.4	0.1	0.0
Dermatologic Rash	4.0*	1.1	1.3	0.9
Gastrointestinal				
Nausea/Vomiting	7.3	7.1	2.9	3.4
Diarrhea	6.2	5.6	2.0	1.9
Abdominal Pain	5.4	6.9	2.0	3.9
Constipation	4.0	7.1	2.4	5.1
Flatulence	3.3	3.6	2.7	3.4
Heartburn	2.9	1.9	2.0	0.7
General				
Fatigue	3.8	3.4	1.9	1.0
Chest Pain	3.7	1.9	0.3	0.2
Influenza	2.4*	0.7	0.0	0.0
Musculoskeletal				
Localized Pain	10.0	9.0	1.4	1.5
Myalgia	2.7	1.0	0.6	0.0
Nervous System				
Headache	6.2	3.9	1.7*	0.2
Dizziness	3.3	3.2	1.0	0.5
Renal/Genitourinary				
Urinary Abnormality	2.4	2.9	0.7	1.2
Respiratory				
Common Cold	7.0	6.3	0.0	0.0
Rhinitis	4.0	4.1	0.1	0.0
Cough	2.6	1.7	0.1	0.0

*Statistically significantly different from placebo.

In three large, placebo-controlled trials (West of Scotland Coronary Prevention study [WOS], Cholesterol and Recurrent Events [CARE], and Long-term Intervention with Pravastatin in Ischemic Disease study [LIPID]) involving a total of 19,768 patients treated with PRAVACHOL (N=9895) or placebo (N=9873), the safety and tolerability profile in the pravastatin group was comparable to that in the placebo group over the median 4.8 to 5.9 years of follow-up. The following effects have been reported with drugs in this class or with all the effects listed below have necessarily been associated with pravastatin therapy. *Skeletal:* myopathy, rhabdomyolysis, arthralgia, tremor, vertigo, memory loss, paresthesia, peripheral neuropathy, peripheral nerve palsy, anxiety, insomnia, depression. *Neurological:* dysfunction of certain cranial nerves (including alteration of taste, impairment of extra-ocular movement, facial paresis). *Hypersensitivity Reactions:* An apparent hypersensitivity syndrome has been reported rarely which has included one or more of the following: anaphylaxis, angioedema, lupus erythematous-like syndrome, polymyalgia rheumatica, dermatomyositis, vasculitis, thrombocytopenia, leukopenia, hemolytic anemia, positive ANA, ESR increase, eosinophilia, arthritis, arthralgia, urticaria, asthenia, photosensitivity, fever, chills, flushing, malaise, dyspnea, toxic epidermal necrolysis, erythema multiforme, including Stevens-Johnson syndrome. *Gastrointestinal:* pancreatitis, hepatitis, including chronic active hepatitis, cholestatic jaundice, fatty change in liver, rarely, cirrhosis, fulminant hepatic necrosis, and hepatoma, anorexia, vomiting. *Skin:* alopecia, pruritus. A variety of skin changes: nodules, discoloration, dryness of skin/mucous membranes, changes to hair/nails) have been reported. *Reproductive:* gynecomastia, loss of libido, erectile dysfunction. *Eye:* progression of cataracts (lens opacities), ophthalmoplegia. *Laboratory Abnormalities:* Increases in transaminases, alkaline phosphatase, and bilirubin; thyroid function abnormalities. **Laboratory Test Abnormalities:** Increases in serum transaminase (ALT, AST) values and CPK have been observed (see **WARNINGS**). Transient, asymptomatic eosinophilia has been reported. Eosinophil counts usually returned to normal despite continued therapy. Anemia, thrombocytopenia, and leukopenia have been reported with HMG-CoA reductase inhibitors. **Concomitant Therapy:** Pravastatin has been administered concurrently with cholestyramine, colestipol, nicotinic acid, probucol and gemfibrozil. Preliminary data suggest that the addition of either probucol or gemfibrozil to therapy with lovastatin or pravastatin is **not** associated with greater reduction in LDL-cholesterol than that achieved with lovastatin or pravastatin alone. No adverse reactions unique to the combination or in addition to those previously reported with the individual drug alone have been reported. Myopathy and rhabdomyolysis (with or without acute renal failure) have been reported when an HMG-CoA reductase inhibitor was used in combination with immunosuppressive drugs, gemfibrozil, erythromycin, or lipid-lowering doses of nicotinic acid. Concomitant therapy with HMG-CoA reductase inhibitors and these agents is generally not recommended. (See **WARNINGS: Skeletal Muscle** and **PRECAUTIONS: Drug Interactions**.)

OVERDOSAGE: To date, there are two reported cases of overdosage with pravastatin, both of which were asymptomatic. Hazards associated with clinical laboratory abnormalities. If an overdose occurs, it should be treated symptomatically and supportive measures should be instituted as required.

REFERENCE: [1]Manson JM, Freyssinges C, Ducrocq MB, Stephenson WP. Postmarketing Surveillance of Lovastatin and Simvastatin Exposure During Pregnancy. *Reproductive Toxicology* 10(6):439-446, 1996.

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The Light of Friendship *crystal votive*

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Winnie the Pooh



Nothing brings a smile to Winnie the Pooh's face quicker than a hug from a friend…and a pot full of honey. The "silly old bear" has lots to smile about, because he's got *both* in this delightful work from Lenox.

The Light of Friendship is a sculpted full-lead crystal votive designed with a clever use of contrast. Here, Pooh shares a bear hug with Piglet, who basks in his friendship. He also—although somewhat reluctantly—shares his precious pot of honey with his friend.

The price of this premier offering—the first in a Lenox® collection of crystal Disney home accents—is $119, payable in convenient monthly installments. To acquire this imported full-lead crystal votive, simply complete and mail the attached Order Form by the date indicated. Lenox guarantees your satisfaction.



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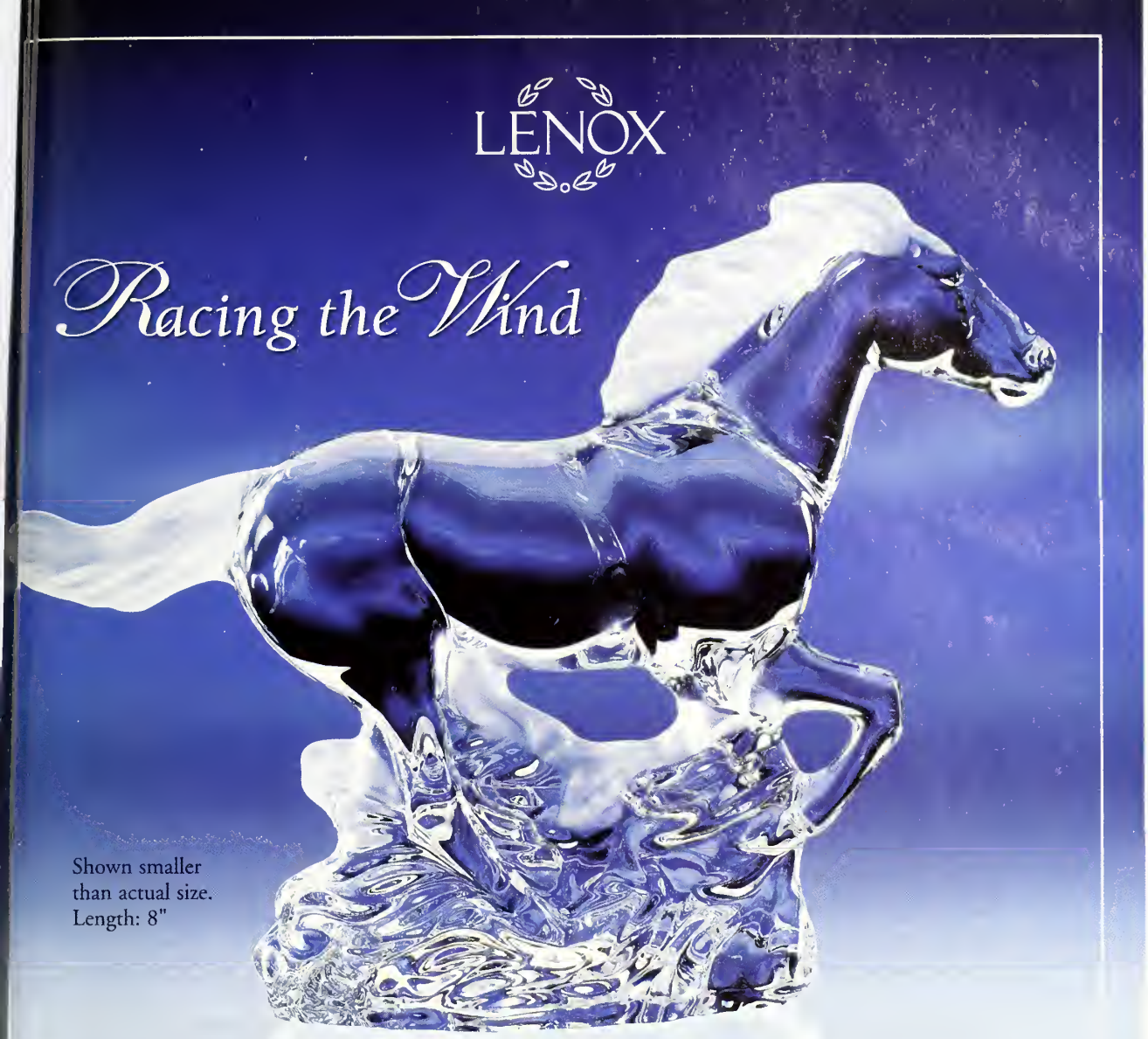
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Etiquette Question . . .

I'm having a weekend house party and have invited my brother and his wife. She is pregnant. Should I offer her cocktails and wine with dinner?



Beware of becoming a member of the pregnancy police, warns Paula Spencer, author of *Everything Else You Need to Know When You're Expecting: The New Etiquette for the New Mom* (Griffin, 2000). "Your sister-in-law is perfectly capable of making her own decisions. It's her baby, her body and her business, and she'll let you know."

Ellen Chuse, a certified childbirth educator at the Elizabeth Seton Childbearing Center, in New York City, agrees. "I wouldn't penalize the entire group by not offering wine or alcohol. But as a thoughtful hostess, make sure there are nonalcoholic beverages available, like sparkling cider or mineral water—something festive that would appeal."

HOW TO KEEP YOUR FEET WARM IN WINTER

When Iditarod racer Helen Thayer twice trekked to the magnetic North Pole and later celebrated her sixtieth birthday on Antaretic ice, she took these precautions to keep her tootsies toasty:

1. Wear boots with a felt liner. Make sure they have a thick sole to cushion you from snow and ice, and lots of room to wiggle your toes. "If your toes are getting chilly, give them a workout inside the boots to keep the circulation going," advises Thayer.
2. Inside those boots, wear synthetic socks that wick away sweat and moisture (socks made of cotton or wool just sop up moisture). "Keeping your feet dry is the secret to keeping them warm. If your socks are soggy from sweating, you will get very cold feet very fast."
3. At night, pamper your feet with a good massage, then slip on fresh socks and down booties. "I have been known to slip my feet under Charlie, my Canadian Eskimo husky," confesses Thayer. In lieu of a big dog, you could substitute a palm-size heat pack, sold in ski shops and outdoor stores.



HOW TO GET AWAY WITH TELLING A WHITE LIE



Feel guilty about fibbing? Avert your eyes and you'll look guilty, too

Your sister says, "You told me you'd be home last Friday and we could get together, but I called five times and no one answered. Where were you?" You could tell your snoopy sibling that it's none of her business—or you could fob her off with some artful fudging. Don Rabon, who trains FBI and CIA agents and numerous police departments on investigation techniques, explains how to make a good story stick.

1. **The easiest form of deception is omitting details, not changing them**, he says. "Rather than tell A, B and C, just tell A and B." Say to your sis, "Gee, I went shopping and lost track of time." *Don't* tell her, "And I had lunch with a friend who isn't you."
2. **Don't let your body language contradict you.** Looking away is a classic "I'm lying!" signal. Other signs that you've got something to hide: putting your hand over your mouth, crossing your legs or shifting your weight. So don't fidget with that fork during dinner.
3. **Keep it simple.** The more details you use, the more you have to remember.
4. **Shifting speech patterns are another giveaway.** Overuse of modifiers and qualifiers, like "sort of" and "not really," as well as hesitation sounds like "um" show you're not certain of what you're saying. The best fibbers keep their answers brief.

By Catherine Fredman


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SMARTER COLLEGE SAVINGS

If the thought of how you'll afford to send your kids to college keeps you awake at night, you're not alone. According to a recent study, some 82 percent of Americans believe a college education is becoming unaffordable. And it's true: In 1998, only 36 percent of families with young children had begun saving for college. Yet if trends persist, the average annual tuition at a four-year university will more than quadruple in two decades.

But there's help, and it's called a 529 plan. These state-sponsored tuition-savings programs one-up education IRAs by having no annual investment limit (education IRAs permit maximum yearly investments of $500). The money is put into a fund that is managed by a 529-designated professional. The plans vary from state to state, but there are generally two types: prepaid tuition plans and college savings plans. The first allows families to lock in and prepay tuition at a public state university or college. Usually, families can transfer the money if a child opts for a private or out-of-state institution. The second option permits the invested amount to be used at any college in the country. In both cases, the money grows tax free until it's withdrawn, and then it's taxed at the child's rate. Typically, if the beneficiary doesn't go to college, the funds can be given to another family member for educational expenses. For more information on your state's 529 plan, check out *www.savingforcollege.com.* —*Sophia Pearson*

Timely tax tip

According to the IRS, last year 11.1 million Americans put off filing their returns until the very last week. But this year procrastinators are in luck: Because April 15 falls on a Sunday, you have until Monday, the 16th, to file without penalty.

Homeowners' Insurance:

Are you *really* covered?



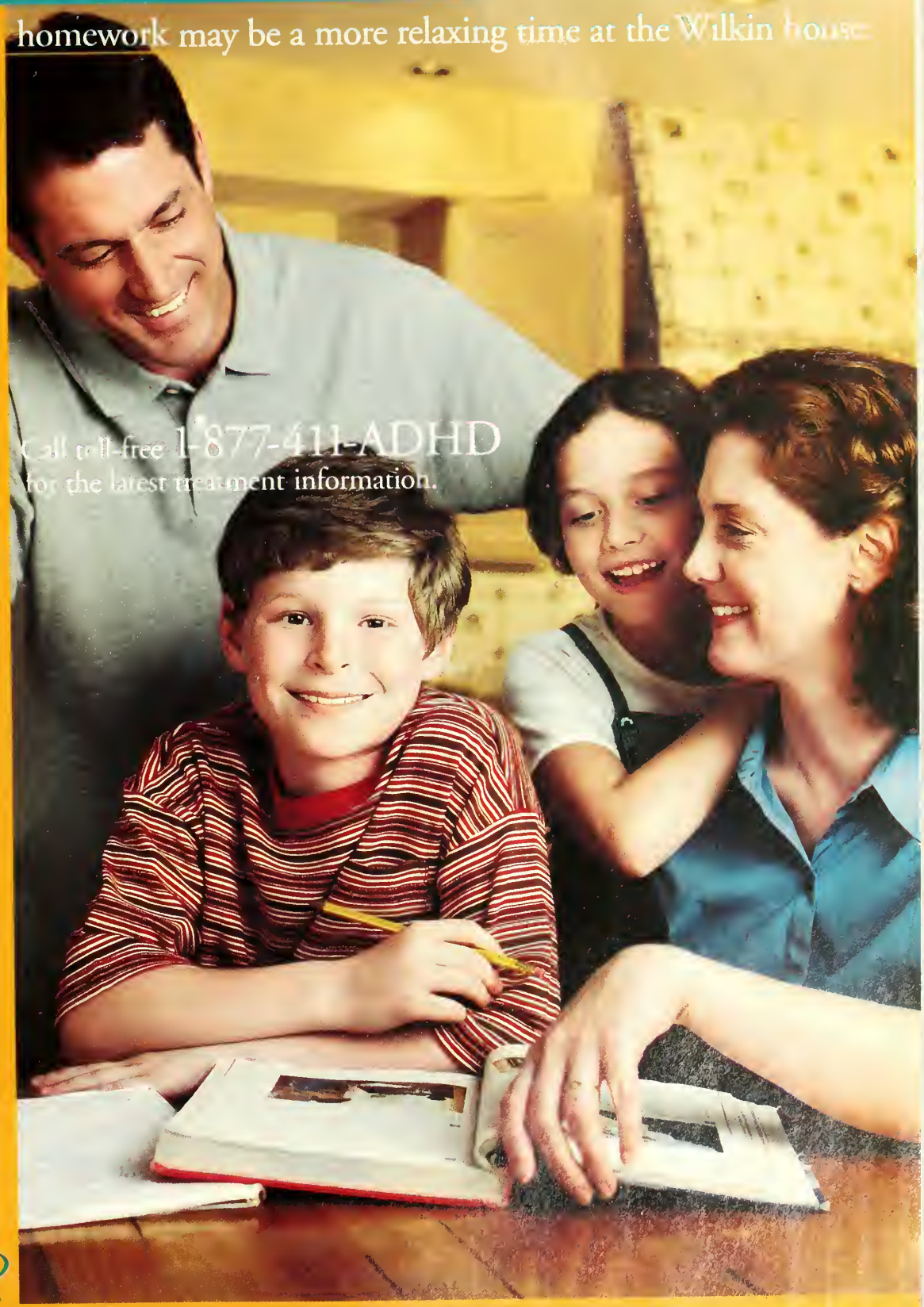
Have you looked at your policy lately? An alarming 70 percent of American homes are underinsured by an average of 35 percent, according to recent studies. What's more, in the past few years, most of the large insurers have scrambled to limit their financial risks by scaling back on what they cover, and policy holders may not be aware of the changes.

Most problematic is the fact that many insurers have been revoking their guaranteed replacement cost coverage, which required them to pay for the reconstruction of a home in the event of a catastrophe even if the total costs exceeded the policy value. The new coverage, using terms such as *insured to value* or *extra replacement cost*, puts caps on payouts. "Now, if you insure your home to replace it at $250,000 and you have a total loss, you will get that amount, plus twenty percent more," says Phil Supple, a State Farm Insurance spokesperson. While this may sound great, homeowners often need additional coverage beyond the insured value of their home, usually because of an inaccurate estimation of rebuilding costs. In addition, construction prices can rise arbitrarily, especially after a natural disaster.

People living in regions vulnerable to hurricanes or hail also should note that many insurance companies have begun using percentage rather than flat-fee deductibles for damage inflicted by extreme weather, a shift guaranteed to hit the wallet hard. —*Janet Bamford*

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Brave new ethics: How far would you go to save a child?



Molly Nash got a new chance at life, thanks to Dr. John Wagner and her "preselected" baby brother, Adam

Designer babies, warehoused embryos, risky new surgeries—the latest medical breakthroughs pose the toughest moral questions

By Shana Aborn

A baby lies dying. Her parents refuse medical treatment for her, saying nature should take its course. Do doctors have the right to override their wishes?

A child is born with a fatal illness. Is it ethical to use medical technology to create a sibling who is genetically designed to save her life?

Two hundred thousand frozen embryos across the country are left over from infertility treatments. Should they be "adopted" by other couples?

These difficult questions, torn from today's headlines, are among the many that arise every day as doctors and researchers continue to make miracles happen. So much has become possible, but does that mean all of it is ethical? "When in doubt, physicians are quick to turn to technology to come up with an answer," says John Lincourt, Ph.D., director of the Center for Professional and Applied Ethics at the University of North Carolina, Charlotte. "But the question they don't like to ask is not, 'Can we do it?' but 'Should we do it?' "

To find out women's opinions on such controversial issues, *Ladies' Home Journal*, along with the Market Facts' TeleNation polling firm, recently conducted a poll on medical ethics.* Some of the findings:

- 46 percent of respondents say it is ethical to perform treatments that may result in multiple births.
- 60 percent would never donate one of their eggs to anyone for a fertility treatment, but 19 percent would give one to a friend or relative.
- 63 percent approve of using genetic technology to conceive a child who is a compatible tissue donor for an ill older sibling; 59 percent believe it's right to do so to conceive a child without an inheritable disease. *(continued)*

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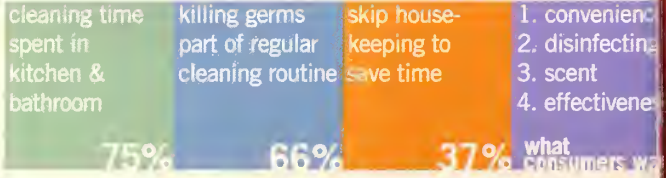
Few people seem to have the time for the heavy duty cleaning we traditiona associate with spring. The trend today is toward maintenance cleaning throughout the year. Researchers say 24 percent of people have a regular cleaning schedule and 36 percent clean a little at a time during the week. If that still sounds like too much work for you, you're not alone. Another 37 percent say it gets done when it gets done. That can mean anything form s cleaning counters and floors to what's called "visual cleaning", straightening up and putting things away instead of actually cleaning anything.

"Clean means different things to different people," says David Matz, General Manager, Clorox Home Care Division. "We've been adding more scented products because a lot of people want a room to smell clean. But while some people love the fresh pine smell of traditional Pine-Sol Cleaner, others want a lighter scent. They prefer our new Meadow Fresh Pine-Sol or Lemon Fresh Pine-Sol. That's one example of how Clorox is keeping up with what people want."

Sometimes the most overwhelming part of cleaning a home is getting rid of the clutter. It can be a big job, so give yourself plenty of time. If you only have an afternoon, clean out a hall closet. If you have the whole weekend, you might want to tackle the garage or a bedroom closet. Whichever you pick, make sure you finish the job so you accomplish more than just taking everything out and leaving it lying around in a big mess. Decide what you want to keep. Then get several Glad plastic trash bags. Use one for things that can be donated to charity, another for items that can be recycled, and the third one for things to be thrown out.

Now that you've finished sorting, it's time to organize. The old saying 'a place for everything and everything in its place' should be your mantra. Organizing experts say it takes children just five minutes to tidy up a kindergarten classroom. That's because systems are in place, and the children know where the toys, blocks and art supplies go. By putting similar systems in your own home, straightening up will be a lot easier. First group the items you want to keep together and see what s containers you'll need. Th are a lot of designer organ ing systems in the stores but you might just want t start out with inexpensive Gladware containers, wh come in all different size and can be purchased i grocery stores. They'll ge you started.

Once you have a syste in place, use it. Get in th habit of spending a few minutes each day to put things back where they belong. It will save you ti in the long run, maybe enough to do some sprin cleaning.



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what to do when the house is a mes

AND YOUR IN-LAWS ARE COMING OVE

[1/2 hour]

Straighten up. Use Clorox Disinfecting Wipes for a quick and easy way to clean the guest bathroom and kitchen counters. Spot clean floors with Pine-Sol Spray & Mop.

[1 hour]

Pick up small loose items and store them in Glad zipper bags to deal with later. Save time by using an all-purpose cleaner like Formula 409 all over the house. It cleans, sanitizes and gets rid of grease on stovetops and kitchen counters. Spot clean with Lemon Fresh Pine-Sol. The lemon fresh scent will make your home smell like you've been cleaning all day.

[3 hours]

Gather all your cleanin supplies. Work top to bottom so you don't g crumbs and debris on floor you just cleaned.

In the bathroom, for deep cleaning and disinfecting, use Tilex Antibacterial Soap Scu and Bathroom Cleane Spray it on shower do or wall, toilets, counter tops and sinks. Let it work, then wipe down surfaces with a sponge

In the kitchen, use Clorox Clean-Up Spray on counters, refrigera-tors and appliances. Rinse or wipe after 30 seconds. That's all it takes for Clorox Clean-Up to kill germs.

dos and don'ts

Don't waste your time scrubbing soap scum off the shower door.
Do invest in Tilex Fresh Shower. Spray a light mist after you shower and it will keep soap scum from building up.

Don't mix cleaning products like bleach and ammonia.
Do use Clorox Clean-Up, which cleans and kills germs in 30 seconds.

Don't use harsh cleansers on your fancy kitchen surfaces.
Do use Soft Scrub cleaner, which is tough on kitchen grease as well as mildew stains and soap scum, but won't harm surfaces.

Don't give torn clothes, broken toys or appliances that can't be fixed to charity.
Do donate useable items. Put good clothes, toys, books and tools in a Glad trash bag and take to your local charity.

Don't buy expensive organizing containers
Do use inexpensive Gladware for organizing items in the bathroom, bedroom, office or garage.



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places people who choose not to use them at risk," says Samuel Gorovitz, Ph.D., adjunct professor of bioethics and humanities at Upstate Medical University, in Syracuse, New York.

Who should decide?

Last August, a life-or-death court case in England sparked worldwide debate. A couple from Gozo, a sister island of Malta, came to a British hospital to have their conjoined twins delivered. The two girls, given the pseudonyms Mary and Jodie, were attached at the waist, sharing one heart and one set of lungs. Without intervention, both would die within months; however, Jodie, the stronger twin, might live if the two were surgically separated.

The parents, devout Catholics, refused to allow the operation on the grounds that it would hasten Mary's death. The hospital petitioned the Court of Appeal for permission to perform the surgery, and won. The twins were separated shortly afterward, and Jodie did survive.

Who has the ultimate right to decide how a sick child should be treated? Parents have long wrestled with hospitals, courts and their consciences over that very question, particularly when it comes to giving treatment that goes against their religious beliefs.

Similar dilemmas arise when it comes to the care of very premature infants. Parents may not want their children to undergo invasive, painful treatments or risk serious health problems; doctors, on the other hand, may be reluctant to take a hands-off approach for even the most fragile newborn. In one landmark case, a Texas couple successfully sued the hospital that treated their premature daughter against their wishes. The child survived, but she is severely mentally and physically disabled. The $65 million judgment is being appealed.

When it comes to difficult situations like these, doctors tend to act on their conscience—a decision ethicists usually support, even if it means that the will of a parent is no longer paramount. Gorovitz explains that this doesn't mean doctors are ignoring the parents' wishes; however, they may feel that giving the child a chance for life is a more pressing value.

"Parents have authority, but not complete authority," says Caplan. "When it comes to a treatment that will unquestionably save a child from a disease, the doctors have a responsibility to do whatever they can. In the case of an experimental treatment, you have to consider what's best for the child."

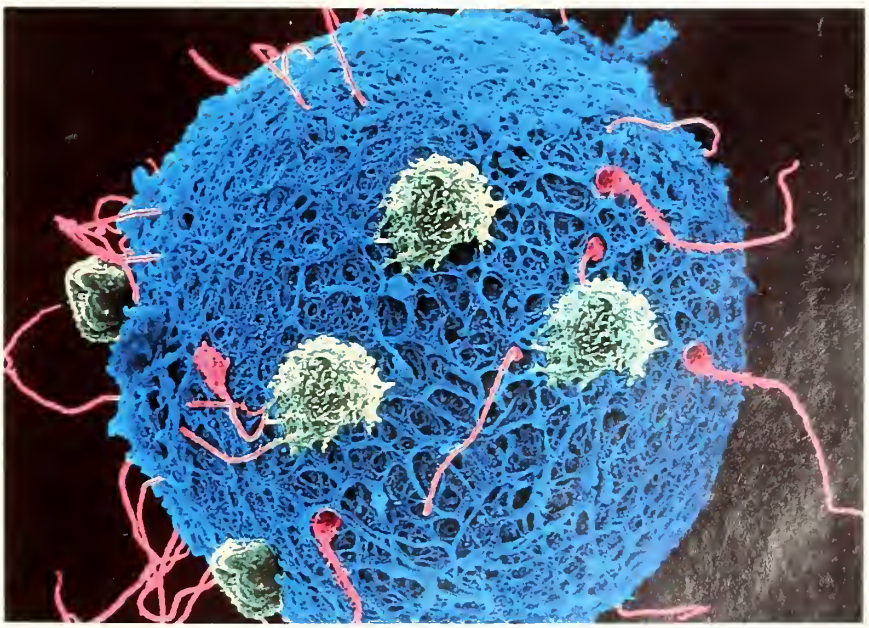
Interestingly, the respondents to the LHJ poll seem to agree that parents shouldn't always have the final say. Forty percent say the government has the right to make a medical decision on behalf of a child if the child's life is in danger; another 24 percent feel it's okay for the parents' wishes to be overridden only if they have refused treatment. And a full 78 percent say it is ethical to separate dying conjoined twins to save the life of one.

Donated embryos

It's the latest twist in adoption: Certain infertility clinics now allow couples to donate their unwanted embryos—produced via in vitro fertilization—to other would-be parents. In fact, some adoption and surrogacy agencies also give couples this option.

This new choice for infertile couples complicates an issue that is already an ethical quagmire. To some, embryos represent a potential life; to others, they are simply property. During a typical in vitro procedure, multiple embryos are created, but because doctors transfer only two or three to the mother, parents may have as many as a dozen or more left over. An estimated two hundred thousand embryos are now in frozen storage nationwide.

If the parents choose not to try for more children, they typically opt to have the "extras" stored indefinitely, or destroyed. But these choices are troubling to some. Why create an embryo, which they see as a potential life, they argue, only to keep it in limbo *(continued on page 191)*



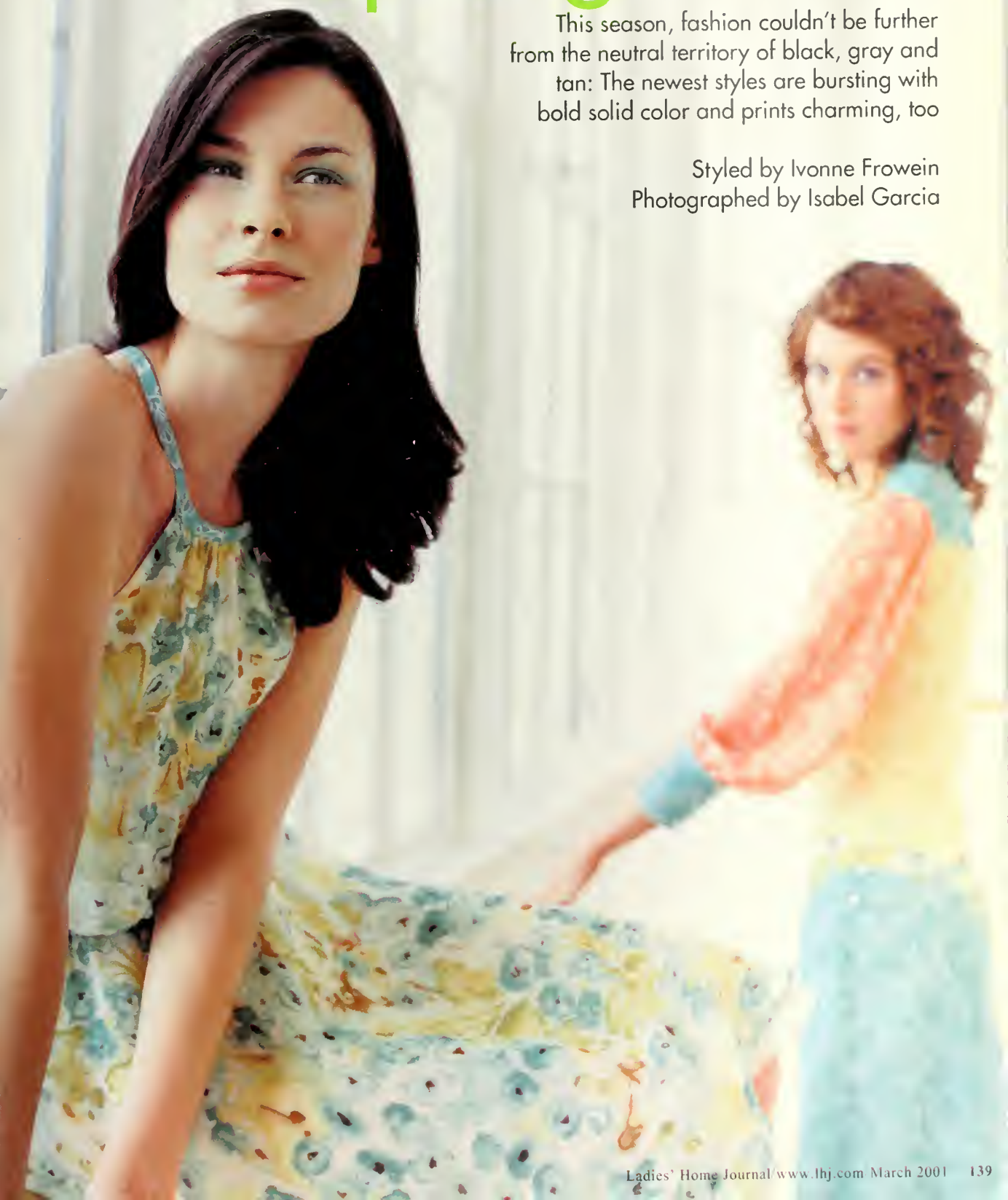
An egg being fertilized (above). To some, an embryo in frozen storage can pose a moral dilemma if the parents don't want it anymore


your lips are sealed.
with moisture.
Proven: luscious moistu
& long wear in one lipsti
Super-rich emollients. SPF 15.
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spring break

This season, fashion couldn't be further from the neutral territory of black, gray and tan: The newest styles are bursting with bold solid color and prints charming, too

Styled by Ivonne Frowein
Photographed by Isabel Garcia



If you buy only one new outfit this spring, make it one with rich color and feminine, flowing fabric



RED RULES
This page: Powerful color ond tiny pleots an o sheer overloy make this skirt anything but schoolgirl. Top, $68; and skirt, $98; both Bisou Bisou; shoes, Stephone Kelion.

SHAPE AND DRAPE
Opposite: They're the two words that define the best of the seoson's sexy seporotes. Top, Rebecca Toylor, $118; skirt, Express, $49.50; hot, Patricia Underwood; shaes, Stuart Weitzmon.



A little sparkle, a slight flounce—the perfect details to perk up your look





LET IT SHINE
Left: Shimmering paillettes make their way ta daytime dressing. Sweater, Phillip Chi, $69.50; skirt, Laundry by Shelli Segal, $168; bag, Jaop!

CORAL MEETS FLORAL
Right: A lang jacket and skirt in a citrusy bright keep yau well-suited for any accasion. P.S. Dan't buttan up—let a pretty print peek aut instead. Jacket, $990; skirt, $290; tap, $400; shoes; all Joap!; hat, Patricia Underwoad.



Smooth Talk: New solutions for minimizing fine lines range from a gentle plant-based cream to salt-crystal peels at the dermatologist's

nature vs. science

Whether you want to erase fine lines or banish stretch marks, there are more ways than ever to get your skin in its best shape. From cutting-edge techniques at the dermatologist's office to just-discovered options from Mother Nature, these are the most up-to-the-minute advances in skin care today

By Karyn Repinski
Photographs by Michel Nafziger



THE BEST WAY TO SMOOTH FINE LINES

The natural way: If you have both fine lines and sensitive skin, Kinerase may be for you. Formulated with kinetin, a growth hormone derived from plants, the nonirritating cream works by normalizing the rate of cellular turnover, a process that slows down with age. "Restoring the architecture of aging skin creates a more youthful appearance," says David Bank, M.D., director of the Center for Dermatology, Cosmetic & Laser Surgery, in Mount Kisco, New York. While it takes three to six months of regular use to get the full benefit, you should start to see improvement after four to six weeks. This skin saver, from Costa Mesa, California–based ICN Pharmaceuticals, costs about $60 to $70 for a three-month supply and is available without a prescription in doctor's offices and pharmacies. For product samples and information, call 877-546-3727.

The high-tech solution: Microdermabrasion (a.k.a. the Power Peel, the Parisian Peel or the Diamond Peel, depending on which machine is used) provides a *(continued)*

nature vs. science





In the clear: You can treat mild facial redness with a soothing botanically based cream, or zap broken blood vessels with laser treatments

(continued) controlled and fairly painless exfoliation of the skin via a spray of aluminum oxide or salt particles. "The superficial injury this creates turns on the cells that produce collagen, the fiber that helps support skin and prevent sagging," explains Mark Rubin, M.D., assistant clinical professor of dermatology at the University of California, at San Diego. Results vary from subtle to spectacular; more consistent is the treatment's ability to correct dullness, mottled pigmentation and enlarged pores. Skin feels smoother immediately after a blasting, but four to six biweekly treatments are necessary to level lines. Then, monthly peels maintain results. Cost: $100 to $200 per session. Microdermabrasion is performed by physicians and aestheticians (who have less powerful machines).

REDUCING REDNESS

The natural way: When skin is inflamed (be it from sunburn, windburn, irritation or allergy), soothe it with a product containing bisabolol, a component of the essential oil extracted from chamomile. In addition to reducing redness by constricting dilated blood vessels, bisabolol inhibits the release of chemicals that cause inflammation, notes Bernville, Pennsylvania–based skin physiologist Peter Pugliese, M.D. Look for bisabolol in Clarins Beauty-Flash Balm ($33.50) and Mark Lees Calm & Restore ($38.50; call 888-627-5533).

The high-tech solution: The PhotoFacial (a.k.a. FotoFacial), a treatment that uses pulses of a spectrum of light to destroy abnormal blood vessels, is the most effective therapy for treating overall facial redness that occurs with rosacea, and even moderate sun damage. The treatment also improves fine lines, enlarged pores and pigmentation problems.

"It's probably the greatest innovation for bringing about significant change in the skin," says David Sire, M.D., director of the Advanced Laser and Dermatology Center, in Fullerton, California. Plus, there's no downtime. The PhotoFacial requires five 15-minute treatments at three-week intervals; results are usually seen after two sessions. Cost: $2,000 and up, for a complete series.

The Vbeam, a new generation of the pulsed-dye laser, instantly zaps and seals broken blood vessels on the face and chest with little, if any, downtime. The Vbeam, which costs $500 and up per treatment, can also clear overall facial redness and treats new (red) stretch marks. For information, call 800-733-8550, ext. 636.

CHASING FRECKLES AND AGE SPOTS

The natural way: Derived from mushrooms, kojic acid in one study performed as well as prescription hydroquinone (HQ), a skin bleach that inhibits excessive production of the skin pigment melanin. You'll find kojic acid in Peter Thomas Roth Potent Botanical Skin Brightening Gel Complex ($50) and emerginC Spot Lightening Gel ($48). Philosophy a pigment of your imagination ($22) and *(continued)*

(continued) Exuviance Intense Lightening Complex ($42; call 800-225-9411) contain HQ and licorice extract, another botanically based skin bleach.

Another option: soy, which contains certain proteins that even out splotchy skin, according to researchers at Johnson & Johnson. Soy can be found in Aveeno Skin Brightening Daily Moisturizer ($13.99); Shiseido Day Protective Moisturizer SPF 15 ($30); and Sonya Dakar Youth! Age-Defying Cream ($95; call 877-727-6692).

The high-tech solution: The state-of-the-art treatment for erasing the sun-induced age spots that commonly appear on the face, chest and hands is the Alexandrite laser. According to Rhonda Pomerantz, M.D., clinical assistant professor of dermatology at New York University, in New York City, only the brown pigment in the spots absorbs the laser, leaving surrounding skin intact. A crust forms on each treated spot and takes about a week to heal, followed by a few weeks of pinkness. One session can zap about twenty spots (stubborn spots may need more than one treatment) and costs around $300. A far less expensive option is hydroquinone (HQ), available in a 4 percent prescription version (which can take a couple of months to produce visible results) or in over-the-counter cosmetics in a 2 percent concentration. HQ is most effective when used with Retin-A or glycolic acid. Lustra, a popular R_x product that combines HQ, vitamins C and E, and glycolic acid, runs about $57 for a one-ounce jar that lasts one to two months. Microdermabrasion and PhotoFacial are also effective for pigmentation problems. Note: Whatever treatment you opt for, you must wear SPF 15 sunscreen with UVA/UVB filters every day or you're back to square one.

TURN BACK TIME

The natural way: Antioxidants are found aplenty in plant sources. These chemicals disarm free radicals, the destructive oxygen molecules that may increase the risk of skin aging and cancer. Some of nature's most potent plants include: *Green tea*, which was proven in a recent study to shield skin from UVB radiation, and *grape seed extract*, which contains the powerful antioxidants known as polyphenols. Find green tea in Almay Milk Plus Nourishing Facial Lotion ($10.95) and Clinique Anti-Gravity Firming Lift Cream ($35); for products with grape seed extract, try Lancôme Vinéfit SPF 15 Complete Energizing Moisturizer ($37.50).

The high-tech solution: Retin-A or Renova, the tretinoin-containing anti-aging creams, do more than smooth crow's-feet and fade brown spots. When used regularly with an SPF 15 or higher sunscreen, these salves can prevent and treat precancerous skin growths. "It's common to prescribe tretinoin when a patient has precancerous growths, and it's not unusual to see improvement over time," states Mark Rubin. Consult your dermatologist, and ask, too, about the new Renova Cream 0.02 percent. With less *(continued)*



Flawless skin tone: Soy products and laser pulsing treat brown spots on face and chest


nature
vs.
science

nature vs. science



You *can* fade stretch marks:
New treatments, from sunflower oil to glycolic acid, work wonders

(continued) than half the concentration of the irritating active ingredient, it makes a better "starter" product. Cost: $60 for a six-month supply.

BANISHING STRETCH MARKS

The natural way: A complex of hybrid sunflower oil, jojoba oil, horsetail extracts and other ingredients go into Regenetrol, a cream believed to stimulate production of proteins that boost skin strength. Formulated by Lawrence Moy, M.D., clinical assistant professor of dermatology at UCLA School of Medicine (with a lot of nudging from his stretch-mark plagued wife), Regenetrol was shown to be effective on more than 70 percent of patients, with a third showing dramatic improvement even on old stretch marks, which are especially difficult to fade. (We hear that supermodel Cindy Crawford used Regenetrol during her pregnancy and never developed stretch marks.) To order ($30 for a four-to-six-week supply), call 800-597-9930.

The high-tech solution: Macrodermabrasion (a.k.a. Salt-A-Peel) is proving to be an able antidote to stretch marks. Microdermabrasion is modestly successful at fading these tears in the collagen fibers, but macrodermabrasion relies on a higher pressure of salt particles to stimulate more collagen production. It also uses ultrasound to enhance penetration of a cream containing glycolic acid and vitamins A and C. Seven treatments over several months ($300 per treatment) are recommended. According to Richard W. Fleming, M.D., a clinical professor of facial plastic surgery at University of Southern California School of Medicine, a 50 percent permanent improvement is the norm.



Geena takes charge

She has tackled TV, fallen in love again and is talking about kids. What else has this brainy beauty got up her sleeve?

By Bill Higgins. Photographs by Isabel Snyder

When Geena Davis sweeps into her Burbank, California, office on the lot where she tapes ABC's *The Geena Davis Show*, it isn't only her eyes that sparkle. A large, square-cut diamond ring announces her engagement to Dr. Reza Jarrahy, a surgeon based in Southern California, fifteen years her junior. "I've never been happier," declares Davis.

Once the lovebug has bitten, Geena Davis isn't afraid to surrender. She has, as her fans know, been married three times before, and she's not without a sense of humor on the subject. When her engagement to Jarrahy was announced, she laughingly volunteers, "I got a card from a Vegas chapel saying they were available 'For All Your Wedding Needs.'" The chapel apparently remembered that Davis and husband number two, actor Jeff Goldblum, ran off to Las Vegas to get hitched in 1987. Davis insists a Nevada elopement is "definitely not" in the cards this time around.

She began dating Jarrahy more than a year ago, after they were introduced by mutual friends. The handsome twenty-nine-year-old always has flowers in hand when he visits Davis on the set. The couple caught almost everyone by surprise when they got engaged over the Thanksgiving holiday, and Jarrahy has already gotten the thumbs-up from some of Davis's close friends. "Reza seems like a really great guy," says Susan Sarandon, Davis's *Thelma & Louise* co-star.

If there are particular concerns about her fourth walk down the aisle, the goodwill of friends needn't be one of them. "She's a very courageous person," says Sarandon. "The fact that you just keep going forward says a lot about a person. Making a commitment to somebody, especially when things haven't always worked out, is a very brave thing to do."

Fresh from a rehearsal for her show, Davis—all six feet of her—is clad in blue jeans, tennis shoes and a white T-shirt with a studded-star pattern on the front. It's a long way from the hide-almost-nothing Pamela Dennis gown she wore to last year's Emmys. But this is a working girl on her lunch hour.

Not just any working girl, of course. This is an Oscar-winning star (Best Supporting Actress for 1988's *The Accidental Tourist*); the beauty with an IQ above 150 who belongs to Mensa. She's adept at conducting pre-Oscar interviews on the famous red carpet, where she's often been seen in outrageous outfits designed to get plenty of notice.

And Davis is an incurable romantic. Asked if she's planning to have a family, the actress fairly glows. "I love kids," she says, with a smile that's huge even by Geena Davis standards. "She'd be a great mom," says Sarandon. "I've seen her around my kids, and she's got impeccable nesting instincts."

Davis portrays a surrogate mother on TV by way of career-minded Teddie Cochran, the head of a New York City nonprofit company who meets her dream man, Max Ryan (Peter Horton of *thirtysomething* fame). The show's humor springs from *(continued)*



SITTING PRETTY: At 44, Davis says, "I've never been happier." (Tank, Giorgio Armani; available at Giorgio Armani. Pants, Via dei Ciclamini; available at H. Lorenzolos, Los Angeles. Necklace and bracelet, Me & Ro; available at Me & Ro, New York.)



STANDING TALL
Davis fibbed abaut her height for years. "But then a cauple of years aga, I said ta hell with it. My career is warking. I'll admit I'm six feet tall." (Pants, Regina Rubens; available at Regina Rubens, Las Angeles. Shirt, Costume Natianal; avoilable at H. Larenza, Los Angeles. Jewelry, Laree Rodkin; availoble at Maxfield & Theodare, Los Angeles.)



Davis and her man, Reza Jarrahy

(continued) Teddie's stumbles through suburban motherhood with Max and his two children from a previous marriage.

"Geena brings a professional approach to the work that is felt throughout the show," says Horton. "I've experienced what happens when someone comes onto the set with a lot of baggage. It's very toxic if they do that—especially if it's their show. It's important for that person to set the tone, and Geena sets a very, very professional tone."

Although Davis is no stranger to the small screen, her TV forays have been mixed. They include the 1983 sitcom *Buffalo Bill* and the short-lived *Sara* in 1985. That was long ago enough for Davis to have forgotten about TV's hectic pace. "You sort of go in thinking that, because of the hours, TV's going to be so much easier than film. But in fact, there's so much downtime on film that it doesn't feel like as many hours. In TV, you're moving like *craaaaazy*."

If Davis is worried about the pressures that come with TV—sniping critics, roller-coaster ratings and the whims of network execs—she isn't showing it. "I can pick wisely and do my best, but there's nothing beyond my performance that I can control. One of the strange things about signing on for TV, as opposed to a film, is that it might be seven years or just a couple of months." She shrugs. "It's a very odd feeling."

Davis was born in 1957 in Massachusetts. (Horton contends there's still a bit of New England reserve in his co-star: "It surprised me that she's as private as she is.") After high school, where she was the tallest girl ("They always wanted me to go out for basketball"), she attended New Hampshire's New England College then transferred to Boston University as a drama major. By 1980 she was in New York City, waitressing and modeling.

"When I started to model, believe it or not, six feet was too tall," says Davis. "I went to a couple of agencies and they said, 'No, you won't fit the clothes.' So I started to say I was five-ten, and it worked out better in interviews. I kept that up for a long time."

While briefly married to restaurateur Richard Emmolo, her big break arrived. Davis was cast as a soap-opera star who shared a dressing-room with Dustin Hoffman in the 1982 hit *Tootsie*. That brought her to Los Angeles, *(continued on page 188)*







SNAPSHOTS FROM A CAREER: (from left) Davis in ABC's *The Geena Davis Show*, with Peter Horton; her Oscar-winning turn in *The Accidental Tourist*, with William Hurt; and the groundbreaking *Thelma & Louise*, with Susan Sarandon

FIVE SECRETS OF WOMEN WHO LOVE THEIR LIVES

Geena Davis defines success on her own terms—a must if you're going to have the guts to star in films like *Earth Girls Are Easy*, wear nearly invisible evening gowns and find solace in target practice. Here are five pointers to be picked up from Davis and other take-charge women in Hollywood:

1. Keep a sense of humor. The charm of laughing at oneself can go a long way. When you portray a woman whose boyfriend's ear falls off in *The Fly*, a sense of humor is de rigueur. Davis's ability to see offbeat films for the camp they are has made her a favorite guest on the talk-show circuit. In fact, she once brought the Letterman house down while exhibiting her archery prowess on a range set up outside the *Late Night* studios. She "accidentally" missed the apple atop a Letterman cutout, and her arrow hit the forehead instead.

2. If you've got it, flaunt it. Davis has learned to be proud of her height—even though agents once urged her to trim off an inch or two. She fibbed for a long time. "But then a couple of years ago, I said to hell with it," says Davis. "My career is working. I'll admit I'm six feet tall. Now I've noticed the press saying I'm six feet two. I'm growing. In a few years I'll be six-four!" *(continued on page 188)*



The Secret Sex Lives of Kids

One in twelve children is no longer a virgin by his or her thirteenth birthday, and 21 percent of ninth-graders have slept with four or more partners. An alarming report every parent must read

By Lisa Collier Cool

Thirteen-year-old Ashley Robinson* began dating in fourth grade. At first, "it was movies, malls and making out," says the eighth-grader from Pleasantville, New York. These days, "about half of the people in my class are sexually experienced. Some have lost their virginity, but most have oral sex. It's popular because you can't get pregnant." Last July, she decided to try oral sex with a boy she'd been seeing for a month. "We did it to each other; it was fun. Now we do it at his house, my house, everywhere. Oral sex rules!"

Robinson and her friends are part of a horrifying trend. Increasingly, children barely past puberty are sexually active, says Sarah Brown, director of the National Campaign to Prevent Teen Pregnancy (NCPTP), in Washington, D.C. By the time kids turn fifteen, according to research from the National Center for Health Statistics, one third of girls have had sex (compared with less than 5 percent in 1970), as have 45 percent of boys (up from 20 percent in 1972).

But even those kids who remain virgins aren't necessarily innocent. In a recent survey by *Seventeen* magazine, 55 percent of teens, aged thirteen to nineteen, admitted to engaging in oral sex. Half of them felt it wasn't as big a deal as intercourse—a view Sarah Brown often hears from kids. "It didn't help that we had a president who said oral sex isn't sex," she says. Adds Robin Goodman, Web site director of New York University's Child Study Center, in New York City, "Oral sex is like the latest sport, an activity kids egg each other on to try. Parents may say, 'That's not my child,' but nearly half of them are wrong."

Recent scandals highlight the extent of the problem. In 1998, parents of as many as fifteen eighth-graders at Williamsburg Middle School, in Arlington, Virginia, were aghast when school officials informed them that their kids were having oral sex at parties and in local parks. (Apparently, a child had confided in a school counselor.) Also that year, a twelve-year-old girl and thirteen-year-old boy were arrested for allegedly organizing an oral-sex-for-hire ring at Langston Hughes Middle School, in upper-middle-class Reston, Maryland. The boy was convicted and sent to a juvenile-detention center, and the girl was placed under house arrest. And in suburban Rockland County, Georgia, more than two hundred children—some as young as twelve—were exposed to syphilis through group sex in 1996. Local health officials were appalled by reports of fourteen-year-olds with as many as fifty sex partners, and girls who engaged in sexual activities with three boys at once.

Deborah Roffman, author of *Sex and Sensibility: The Thinking Parent's Guide to Talking Sense About Sex* (Perseus Publishing, 2001) and a sex educator, has heard similar stories. "There have always been some middle-school students who talk about oral sex, but now there's a surge in kids who actually do it," she says.

Meanwhile, schools are hearing from parents who worry that their kids aren't being taught enough about sexuality. In a recent Kaiser Family Foundation (KFF) survey, more than three quarters of parents of kids in seventh to twelfth grades said they wanted schools to offer more detailed information in sex-education classes. They want their kids to learn how to obtain and use birth control and deal with the pressure to have intercourse.

"Oral sex is an activity kids egg each other on to try," says one expert. "Parents may say, 'That's not my child,' but many are wrong"

The Price of Preteen Intimacy

Not surprisingly, children often regret having sex too soon. In a recent NCPTP survey, 73 percent of twelve- to fourteen-year-olds who had lost their virginity said they wished they'd waited. That sentiment is shared by 58 percent of sexually experienced fifteen- to seventeen-year-olds. When *Ladies' Home Journal* conducted a survey of kids on the NCPTP Web site last June, many described their first sexual experience the way fifteen-year-old Jennifer Jacobson* does: "It was the stupidest mistake I ever made." At age twelve, "I snuck out of my house to have sex with a fifteen-year-old guy I'd known for only about a week," she says. "Now I'm going to have to spend the rest of my life trying to forgive myself."

Judy Kuriansky, Ph.D., host of a call-in radio show for teens and author of *Generation Sex: America's Hottest Sex Therapist Answers the Hottest Questions About Sex* (HarperCollins, 1995), sees even more serious repercussions. "Often, a lack of self-esteem makes kids experiment with sex," she says. "Frequently, the result is guilt and shame. As adults, they may punish themselves for their past by not letting themselves enjoy sex. Or they may have trouble establishing meaningful relationships because they've disconnected sex and love."

Girls are especially at risk. Tara Thrutchley, eighteen, a volunteer peer educator for AID Gwinnett, a nonprofit HIV awareness group in Lawrenceville, Georgia, has noticed that girls tend to give oral sex more than they receive it. "A lot of eighth-grade girls engage in this activity with high-school boys," she says. "They see it as a way to please a guy without losing their virginity." *(continued)*

* *Names have been changed to protect privacy.*

The Dreaded "Talk"

Research shows that parents are the number-one influence on their children's sexual decisions, and that the more information you give a child, the more likely he or she is to abstain. Yet only 44 percent of moms and dads have discussed the topic with their preteen, according to a recent poll by the Kaiser Family Foundation. These tips can help you become more comfortable with the subject:

■ **Start young.** Around age four, kids wonder where babies come from. This is a good time to teach them the words for female and male genitals, although you don't need to explain sex (it's best to say that babies come from Mom's belly). When your child is eight or nine, tell him about the bodily changes of puberty. Since kids often encounter sexual pressure during their preteen years (ages nine through twelve), educate your child on how to say "no" and about disease prevention. She needs basic information about vaginal and oral sex, as well as an explanation of the dangers. Make it clear that the best way to avoid STDs and pregnancy is abstinence, but that condoms and contraception can reduce these risks. Helpful tips are available online at: *www.pta.org*, *www.plannedparenthood.org*, *www.siecus.org* and *www.mvoices.org*. To initiate a discussion, use a situation from a book, newspaper article or TV show you've watched together. You might ask your child what he thinks of a character's actions, then offer your judgment.

■ **Encourage questions.** Even if you're shocked by what your child asks—such as the meaning of a crude sexual expression—praise him for coming to you for answers. Ask him what he already knows about the topic, then give a simple explanation along with your views. If your child sees you watching a sex-filled TV show or even reading this article and asks if he can watch or read with you, explain that while you don't feel the information is appropriate for him, you'd like to discuss sex and answer any questions he might have.

■ **Share your values.** Let your child know that it's natural to be curious about sex, but he can—and should—resist acting on impulses. Explain your beliefs about the appropriate time and circumstances for sex.

■ **Set limits on your child's TV and computer time.** Reduce her exposure to inappropriate material by keeping close tabs on the TV shows and videos she watches. Better yet, watch the programs with her. Supervise your child when she's using the Internet.

■ **Discourage early dating.** Going out with a group of friends—and an adult chaperone—is fine, but permitting one-on-one dating in middle school is asking for trouble. Make sure that adults will be chaperoning the parties and events your child attends, and talk to other parents about reasonable curfews. In addition, discourage your child from dating older boys or girls, because it can raise the risk of an exploitative sexual relationship. —*L.C.C.*

(continued) The consequences can be dire. "Girls may become vulnerable to exploitative relationships, especially when they're involved with older boys," says Michael Resnick, Ph.D., professor of pediatrics and director of the National Teen Pregnancy Prevention Research Center, at the University of Minnesota in Minneapolis. "They expect emotional intimacy but don't necessarily get it. That can lead to emotional distress, as well as substance abuse."

Surrounded by Sex

What's behind this alarming trend? Virginia Navarro, Ph.D., assistant professor of educational psychology at the University of Missouri, in Columbia, says our sex-saturated culture pushes kids to grow up too fast. "Children's stores and catalogs sell junior versions of sexy styles," she explains. "You see silky bras and panties for five-year-olds and skintight Lycra tops and slit skirts that make prepubescent girls look provocative."

Adding fuel to the fire are racy TV shows like *Dawson's Creek* and *Popular*, which depict teen sex as exciting and normal. More than half of all TV shows include sexual content, with the average prime-time program featuring five or more sexual references per hour, according to a recent study by KFF. Only 9 percent of these widely watched shows ever mention responsible behavior, such as abstinence or using contraception.

The Internet is also swarming with sex. In a recent survey of fifteen hundred kids by the National Center for Missing and Exploited Children, in Alexandria, Virginia, one quarter reported having accidentally stumbled upon pornography while Web surfing or opening e-mails.

But the media is only half the problem, says Resnick. "The majority of parents are squeamish about discussing contraception and doubly squeamish about oral sex," he says. "So, at puberty, young people with natural curiosity about sex encounter uncomfortable silence from their parents instead of guidance."

Megan Ruggiero,* thirteen, an eighth-grader from Armonk, New York, and Kim Abrams,* sixteen, of New York City, say sex and its risks were never discussed in their homes. In Ruggiero's case, suggestive material on the Internet and sex scenes on *Dawson's Creek* "made me think about doing it." Curious, she performed oral sex on her date at a New Year's Eve party last year, an act she says she regrets.

Abrams engaged in oral sex—an activity she now calls disgusting—two years ago, then intercourse, which was also unpleasant. "I started doing things I shouldn't have been doing," she says.

Beth Risacher, a program coordinator at a state agency, in Indianapolis, understands parents' reluctance to discuss sex with their children. "Kids at this age are so sensitive that if you don't take the right approach, they

don't listen or they think you're accusing them of something," she says. She waited until her daughter, Elizabeth, was fourteen before discussing AIDS, contraception and sex. Soon afterward, Elizabeth asked for birth control pills, says Risacher. "That's when I found out she'd been having sex since she was only thirteen."

Fifteen-year-old Adam Dennison,* of Brooklyn, New York, says his parents would be shocked if they knew that he started having oral sex two years ago. About 75 percent of his friends also do it, he estimates, adding "I learned most of what I know from my older brother and *Sex and the City*."

While some parents buy into the myth that talking about sex encourages experimentation, the opposite is true, says Debra Haffner, author of *From Diapers to Dating: A Parent's Guide to Raising Sexually Healthy Children* (Newmarket Press, 2000) and past president of the Sexuality Information and Education Council of the U.S., in New York City. "The research is clear: Giving preteens accurate information and sharing your values makes them more likely to abstain."

Leaving children in the dark can promote risky behavior, says Resnick. "Most kids think oral sex is safe because they aren't told that it can lead to sexually transmitted diseases [STDs]," such as gonorrhea, syphilis, chlamydia, HIV, human papilloma virus and possibly hepatitis C, he explains. Nearly all of the kids with whom *Ladies' Home Journal* spoke believed the practice posed little danger. Meanwhile, four million teens contract an STD each year; some from oral sex.



They may look like little girls, but increasingly, preteens are trying oral sex

Sex Ed: Too Little, Too Late?

Although the U.S. has among the highest rates of STDs and teen pregnancy of any modern country, 7 percent of schools offer no sex education at all and 35 percent limit teachers from discussing contraception and safe sex. "Abstinence until marriage" courses have become common since the government launched a $250 million program in 1996 to pay for them. A Centers for Disease Control and Prevention study shows that only 17 percent of teachers inform junior-high students about the proper use of condoms and just 37 percent do so in senior high.

This trend alarms Susan N. Wilson, executive coordinator of Network for Family Life Education at Rutgers University's School of Social Work, in Piscataway, New Jersey. "It's dangerous in a world where STDs kill young people," she says. A recent study by the Alan Guttmacher Institute, in New York City, shows that nearly three out of ten teachers nationwide work in schools that don't offer sex-ed classes to fifth- and sixth-grade students. Among schools that do, subjects tend to be limited to puberty, the transmission of HIV and abstinence.

Wilson believes that schools should introduce sex ed at the beginning of middle school and expand the range of topics covered. "Our silence is creating dangerous myths," she says. "There should be a wake-up call – withholding crucial information about sexual risk doesn't make our kids safer. Telling them the truth does."

Tell Us What You Think:
Have you talked to your preteen about sex? How did you initiate the conversation? What kind of response did you get? E-mail us at lhj@mdp.com



Rooms of your Own

Everyone needs space to unwind, and these ideas can turn your bedroom into a sanctuary with the soothing luxury you deserve

Produced by Kimberlie Waugh. Photographs by Jennifer Lévy.
Text by Jill Kirchner



A seating area at the faot of the bed (abave) features a matelassé loveseat—perfect far enjoying your precious few maments alane. A luxurious bed (above, right) is created by linens in a mix af textures: waffle weave, damask and lace. Furnishings, Highland Hause and Thomasville. Curtain fabric, Calica Carners; sewing, Pfaff.



At the end of a hurried, stress-consumed day, we all crave not only time, but also space, to ourselves—a place in which to relax, recharge and restore the spirit.

And the place most of us are likely to turn to for refuge? Our bedrooms, which these days are expanding beyond the bed, dresser and nightstand to include a seating area for curling up in and a master bath that mimics a mini spa.

As our desire for pampering bedroom suites increases, Gopal Ahluwalia, director of research at the National Association of Home Builders and author of *What Today's Home Buyers Want*, predicts that two million homes in the U.S. will undergo an addition or alteration to the bedroom. Likewise, Don Evans, president of an architectural firm in Orlando, Florida, says, "Homeowners are customizing their homes to include 'super suites,' complete with his-and-her bathrooms, walk-in closets, and even exercise spaces."

And so, when *Ladies' Home Journal* set out to create an ideal master bedroom suite, we included such amenities as a separate sitting room for reading or late-night TV viewing, along with a minibar and espresso machine to save trips to the kitchen; a well-organized, walk-in closet with an adjacent laundry room, for the ultimate in convenience; a secluded veranda off the bedroom, which overlooks a terrace and fountain; and a large, luxurious bath. This network of rooms serves to filter clutter and intrusions from the bedroom proper. "It's a self-contained oasis where you can sequester yourself and focus solely on rest and relaxation," says Lew Oliver, the architect of the suite pictured on these pages.

When choosing colors and textures for your own bedroom, Susan Orlie, who designed this suite, suggests a soothing soft coral or peach palette and high-touch, natural materials designed to appeal to all the senses. Here, she papered *(continued)*

(continued) the walls in grasscloth to bring in an element of the outdoors and add warmth to the soaring, one-and-a-half-story space. The aged, painted iron bed has the feeling of garden furniture; its tall, airy posts introduce a vertical element to the bedroom, where furniture is often all the same height. A statuesque mirror propped against the wall adds the tactile appeal of *(continued)*



In the dressing room (right), wicker, canvas and sheer mesh boxes keep everything in its place and add interest to the sleek, white adjustable shelving. A comfortable chair is yet another practical luxury. Below: Instead of sinking the tub into the floor in the master bathroom, it was built into a cabinet console that puts the bather at the right height to enjoy the view.



"The master bath's soaking tub couldn't be more conducive to relaxation," says designer Susan Orlie. "It's even got a built-in neck cushion"

Our design team

Stylists: Tim Burney, Kathy Bozemore, Jeon Ellen Spengler, Duane Norris. Throughout the house, unless otherwise specified or noted: fabrics, Calico Corners; toiletries, Crabtree & Evelyn; bed pillows, mattress pads and duvet inserts, DuPont Sleep Products; central vacuum system, Electrolux; wallpaper prep products, Gardner-Gibson; paint, The Glidden Company; window blinds and soft shades, Hunter Douglas; candles and candle accessories, Illuminations; wallpaper, Imperial Home Decor Group; mattresses, King Koil Sleep Products; carpet, Mohawk Industries; window treatments sewn by Pfaff; flowers, Proflowers.com; bathroom lights, Quorum/CRISTAL; lamps, Robert Abbey; fine wall art, Soicher-Marin Fine Art; drapery rods and hardware, Smith & Noble; bed and bath linens, bath accessories, Springs Industries: Wamsutta and Springmaid; planters, Garden Ridge; light bulbs, GE Lighting; windows, Peachtree Doors & Windows; pest control, Orkin Pest Control; accessories, Crate & Barrel; Exposures; Ballard Designs; Herend; Restoration Hardware. Master Bedroom: all furniture: Highland House; except desk, Thomasville; desk chair, Hickory Chair. Master Bathroom: cabinetry, Canac; tile and stone, Ann Sacks Tile and Stone; plumbing fixtures, sink, tub, Kohler; countertops, DuPont Corian® and Zodiaq™; stool, Ballard Designs; topiaries, Forever Green Art. Master Closet: closet system, Closet Classics by Windquest Companies, Inc.; storage containers, The Container Store; baskets, Palecek; portable safe, Sentry Group; white boxes, IKEA; chair, Thomasville. Girl's bedroom: bed, Thomasville, rest of furniture, Highland House. Details, page 190.

The New American Home 2001 was built in Atlanta by LHJ, Builder magazine, the National Association of Home Builders and the National Council of the Housing Industry. Architects: Lew Oliver and Jack Richards. Builder: Hedgewood Homes. Interior Designer: Susan Orlie.

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(continued) handcrafted metalwork while it reflects the natural light. A porch off the master bedroom invites in the stress-melting sounds of the fountain below, and a remote-controlled stereo system, tucked inside a clutter-concealing armoire, allows for favorite music at the touch of a button.

The master bath is likewise spacious and sunny, with a large soaking tub angled into the bay window, accented with topiaries to create the sensation of being surrounded by nature. The windows bathe the room in light, while sheer fabric shades, installed top-down, simultaneously offer privacy. A separate shower and dual vanities make it easier for two people to negotiate the bath on busy mornings, with a built-in dressing table that perhaps signals a return to the kind of gracious, leisurely pampering our grandmothers' generation knew how to enjoy.

Borrow just a few of the elements detailed here—or the entire scheme—for your own home to create a soothing sanctuary we all yearn for and the relaxing luxury we all deserve. ■





Kids need their own space, too, and this upstairs bedroom (left) and its adjacent bathroom (above) were decorated as a unit, with a whimsical amethyst and yellow color scheme throughout. Bathroom light fixture by Quorum/CRISTAL. Below: The drop-leaf desk (perfect for camouflaging clutter at a moment's notice) serves as a quiet spot for diary-writing, art projects, and, of course, homework.





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"But I wanted a girl"



Increasingly, pregnant women are admitting that they'd prefer to have a child of a particular gender. What happens when they're disappointed? By Carol Lynn Mithers

Deanna, a twenty-eight-year-old homemaker, still remembers the ultrasound exam she had when she was eighteen weeks pregnant with her first child. She'd gone to the appointment feeling calm and confident: She was young, the pregnancy had been easy, and she was convinced that she was carrying the daughter she'd dreamed of since childhood. But as the technician moved the probe over her swollen belly, she said, "There's the head, the spine, the arms, the legs. You have a little boy."

A boy? Deanna remembers thinking. Impossible! When the exam ended, she dressed and fled. "I had an hour drive home, and I cried the whole way," she says.

These tears are evidence of one of motherhood's best-kept secrets. When women get pregnant, their main concern, of course, is that the child is healthy. But sometimes, deep down, it's not just a baby we hope for, but a girl or a boy. And when we learn that's not what we're getting, we may feel disappointment, sorrow, even anger.

In the past, women rarely admitted their desires to have a baby of a specific sex. Today they're trying to stack the odds. More and more are becoming patients at a small number of fertility clinics that are using sperm-sorting techniques to improve the chances of conceiving a boy or girl, or are buying books that promise the same results. But perhaps the best evidence of women's new openness can be found on the Internet, where those with screen names like "Wantsagirl" share their longings.

The Pressure to Have a Girl (or Boy)

A woman comes to feel strongly about the sex of the baby she's carrying for a number of reasons. "Today women feel freer to think about their desires," says Martha Pieper, Ph.D., a child-development expert and co-author of *Smart Love* (Harvard Common Press, 1999). "And there's a feeling that boys are more difficult to raise."

Culture also influences our yearnings. "Old notions that the ideal family includes a father, mother, brother and sister are alive and well," says Pieper. This definition can have unfortunate consequences. "When I was pregnant with my second child, people said, 'If you have a girl, you'll have the perfect family,'" says Anita, thirty-four, an at-home mother of two boys. "When I discovered I was having a boy, it made me feel as if I were getting second best."

Women often want boys or girls for personal reasons. One desires a son because "I was a tomboy—still am—and I wouldn't know what to do with a child who wanted to play princess." Another craves a daughter because "I want to be close to her the way I was to my mother."

Family pressures can add to the mix. "My baby will be the seventh boy born in my family in two years," says Sherry, thirty, an airline customer-service representative about to give birth to her first child. "When I told my parents the news, I could tell they were disappointed."

Gender Grief

Women who didn't get the boy or girl of their dreams say their initial reaction ranged from "sad" to "devastated"—the latter more frequently when the *(continued)*

(continued) discovery came at birth or late in the pregnancy. "I had built a relationship with the little girl I thought I had inside me," confessed one disappointed woman on an Internet bulletin board, who learned her baby's sex via ultrasound when she was seven months pregnant. "To find out the baby was not a girl, was like discovering my husband was an imposter."

Still, when the disappointment comes in a first pregnancy, most women quickly adjust. Not only is there an assumption that there will be more children, but also new mothers are typically so charged by the emotional highs of parenthood that other feelings fade. "When I found out I was having a boy, I was upset," says Denise, thirty-six, a social worker and mother of a two-year-old. "But I soon discovered that the first time you hold your child in your arms, you fall madly in love."

Not getting the gender you want in a second (or third or fourth) child is, of course, a much different story. "I mourned all month when I found out that my second was another boy," says Paige, thirty-six, an at-home mom. "My husband and I agreed that we'd have only two children, so this was it for me."

Equally difficult are situations in which a woman can't let go of her original hopes. Mothers who hang on to their boy dreams talk of wanting sons for their husbands' sakes. But those who desire daughters are especially passionate. Ask why, and at first many talk about things that seem trivial: They want to buy hair ribbons and dresses. But delve deeper and you learn that the desire is for connection.

"Celebrating my first menstrual period, crying through my first broken heart, giving birth to my first baby—these were moments I shared with my mom," says Ann, twenty-seven, a preschool teacher with two sons, ages seven and five. "I want a daughter to share the things my mother has shared with me."

This combination of disappointment and yearning prompts some women to continue trying to have a girl. Anita, who resented being told she didn't have the "perfect" family, has been inseminated twice with her husband's sperm after it was sorted to separate X chromosomes from Y chromosomes. Although she hasn't gotten pregnant, she's considering a third try. "It's more than $3,000 per insemination," says Anita. "Some people want a new car; I'd rather try my hardest to have a daughter."

> "To find out my baby was not a girl," says one woman, "was like discovering my husband was an imposter"

Trying To Make Peace With a Dream Unfulfilled

Unresolved disappointment over a child's gender can wreak havoc in women's lives. They may feel as if they're being ungrateful for the children they do have. "One woman I work with has been trying to conceive for ten years," says Sherry. "I should feel lucky." And women feel guilty for caring about the sex of their children because their number-one concern is that their kids are healthy.

A woman's disappointment in her child's gender can also stress friendships. "When friends have had girls, it's been a real effort to act happy," says Diane, thirty-five, who works in an art gallery and has three sons, ages eight, six and two.

Marriages, too, come under strain. "When my second son was three, I became desperate to try for a girl," recalls Paige. "I kept after my husband until he became angry with me. 'We agreed we'd stop at two!' he'd yell. 'We can't afford it!' "

Most crucial, gender disappointment, which in extreme cases may play a role in postpartum depression, can affect mother-child bonding. "If a mother is really hurting, she should consider psychotherapy," urges Aline P. Zoldbrod, Ph.D., author of *Sex Smart: How Your Childhood Shaped Your Sexual Life and What to Do About It* (New Harbinger, 1998) and a sex therapist in private practice in Lexington, Massachusetts. "Her children need her to feel good about their gender."

Changing one's expectations of what it means to have a son or daughter can help, too. "If you can picture your little girl wearing a baseball cap or your little boy going shopping with you, you may be less concerned with having a particular sex," says Toni Schindler Zimmerman, Ph.D., associate professor of human development and family studies at Colorado State University, in Fort Collins. "And research shows that boys can be every bit as emotional and empathetic as girls if we don't socialize it out of them."

Many women say that time and compromise also play a role in easing their disappointment. Paige, the mother of two boys who in the face of her husband's resistance finally abandoned her dreams of a third child, now says she's found peace through a close relationship with a four-year-old niece.

Finally, women say it's the love they come to feel for their children that makes the last traces of disappointment fade away. Says Paige, "I love my sons too much as they are to wish that they had been born other people." ■


A salad gave Doris a fresh start.
After leaving an abusive marriage, Doris and her kids were ready for a new beginning. Thanks to the Philip Morris Companies' support of Chicago's Community Kitchens program, Doris was able to learn professional food preparation, receive certification in the culinary arts, and get a job as a salad specialist for a community hospital. Philip Morris grants have helped similar programs expand in 26 cities nationwide, giving people in need, like Doris, the opportunity to give life a new start – from scratch. To learn more, visit philipmorris.com.
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THE RULES FOR HANDLING . . .

Teen Body Art

Britney Spears has a pierced belly button. A slew of rock stars, models and actors have made their bodies canvases for self-expression. But what do you do if your teen asks for this form of adolescent adornment?

■ Don't overreact. Remember that wanting a tattoo or piercing is not a sign that your teen is breaking other boundaries, like experimenting with drugs or sex, says Carl Pickhardt, an Austin, Texas, psychologist and author of *Parenting the Teenager*. Getting overly charged, he says, can turn what should be an aesthetic issue into a contentious one.

■ Try to present the long view, especially if your kid wants a tattoo. "Kids don't usually think of the long-term consequences," says Ann F. Caron, a psychologist from Greenwich, Connecticut. If you know someone who regrets a tattoo, ask him or her to talk to your child (and to show it to her!). Sometimes an outside perspective helps.

■ Delay, delay, delay. Tell your child you need to think about it. "Ask him to bring it up again in six months, then see if he does," says Pickhardt. "In a kid's fast-changing world, by then he may be into something else."

You may not like it, but for teens, body art is not only beautiful—it's a statement of independence

■ Compromise. If you decide to forbid your child from getting a tattoo or piercing, tell him so, but consider agreeing to an alternative. Rather than a pierced tongue, suggest two earrings in one lobe. Or let your daughter try a temporary henna tattoo.

Teenspeak Demystified

Bling-bling: the sound of a cash register, signifying someone or something is worth big bucks. As in: "Most girls want a guy with the bling-bling," or " 'NSYNC's new CD is bling-blinging its way off the shelves."

HOMEWORK 911



File this under "W" for "What did we do before the Internet?" The answer to just about any homework question that leaves your kids stumped can be found on the following Web sites:

www.bjpinchbeck.com A fictitious 13-year-old leads kids to 625 links in categories from art to current events. The history section can connect users to everything from the text of presidential inaugural addresses to a site that specializes in World War I.

www.factmonster.com The kids' site from Information Please. Click on "Homework Center" for answers to questions and cool features like the 20th-century chronology section, which lists all the major historical, economic, entertainment and sports events for any year you type in.

www.ajkids.com The junior version of the popular Ask Jeeves Web site. Ask a question, you'll get answers plus links. Asking about the book *To Kill A Mockingbird*, for instance, led to a site that gave character analyses.

Sick Kids, Less Guessing

Here's a scary little secret about children's medicine: For the majority of the drugs kids take, the dosages your pediatrician prescribes are guesswork. Educated guesswork, yes, but still not an ideal way to dispense drugs.

That's changing, thanks to a new federal rule that requires drug companies to perform more tests on prescription drugs to determine the proper doses for children—something the American Academy of Pediatrics has been advocating for decades. Dosing guidelines will help doctors feel more comfortable prescribing new drugs to young patients. At present, many doctors prescribe only a small number of available drugs whose effects they're familiar with.

BY JEANNIE RALSTON

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A baby named silly

Of course all children are unique. But do their names really have to be so out of the ordinary?

By Pamela Redmond Satran



Amandine, Loewy, Scout, Rumer. How many ways can you say, "Enough, already"?

Recently I sent my writing partner, Linda Rosenkrantz, a picture I'd clipped out of the newspaper with a note, "I hate to think we're responsible for this." The picture showed five adorable preschoolers dressed up for a birthday party, but what horrified me was the photo's caption, which included their names: Sierra, Savannah and Skye for the girls; Colton and Dakota for the boys. Could this really have been what Linda and I had in mind in our first book back in 1994, *Beyond Jennifer & Jason*, when we urged parents to choose more creative names?

Sure, we wanted to encourage parents to move beyond the expected name choices. We just never guessed exactly how far they'd go.

Six books later, we've seen names go from obscurity to overuse faster than a velour jumpsuit makes it to the sale rack at babyGap. Madison, for instance, was only the name of a dead president, the capital of Wisconsin and a famous avenue when mermaid Daryl Hannah gave it to her newly human self in the 1984 movie *Splash*. Last year, it was bestowed upon nearly twenty thousand baby girls, placing it among the Top 10 names and inspiring us to title our book's latest edition, *Beyond Jennifer & Jason, Madison & Montana*.

Yes, parents are naming their babies Montana, some of them undoubtedly following the lead of actors Woody Harrelson and Judd Hirsch, who both chose it for their daughters. In Hollywood, in fact, Montana is a fairly run-of-the-mill baby name. Diane Keaton got much more adventurous when she named her daughter Dexter Dean. John Malkovich's son is Loewy; his daughter is Amandine; and Sylvester Stallone has a young daughter named Sistine. Then there are the famous Bruce Willis and Demi Moore daughters: Rumer, Scout and the one with the normal name—Tallulah.

But what do you expect when the stars themselves have such bizarre names? Of course, Madonna *had* to name her children Lourdes and Rocco: She'd let down her public by naming them something like Mackenzie and Noah, the oh-so-boring choices of the hoi polloi. And we parents admire celebrities with names ranging from Winona to Calista, Shaquille to Charlize, Oprah to Uma. The message—subliminal or loud and clear—is that special names make for special people.

Sometimes, though, special can go too far. Consider the fashion for spelling names creatively: When taken together, all the different spellings of Caitlin (the original version) make it the number-one name—which means all those Kaitlyns, Katelynns and Catelinnes aren't so creative after all.

In an effort to push the name envelope even further into outer space, many parents have left first names behind completely and instead are giving their children surnames (Morgan and Jordan, for either sex), place names (Spice Girls Victoria Beckham and Melanie Brown have a Brooklyn and a Phoenix), or just plain words (Destiny and Chance) as names. Such wholesale invention often grows out of a parent's wish to choose a name that carries deep personal meaning. That's great, but what's the significance of Gunner, one of the hottest new names for boys? Are his parents hoping he'll have a future behind the barrel of a .38? Or are they just trying so hard to give their kid a great name that they end up giving him a terrible one?

Sure, I still want to encourage parents to be inventive and thoughtful when naming their children. But these days, the only creative way to move beyond Jennifer, Jason and even Montana might be to choose something really out-of-the-ordinary, a name totally out of step with the norm. Mary, anyone? ■

Got a parenting opinion we should hear? Send stories or ideas to lhj@mdp.com

PHOTOS, FROM LEFT: MISHA STOJCEVSKI/LONDON FEATURES; HENRY McGEE/GLOBE PHOTOS, INC.



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Indulge in the chocolate cookie that's more chocolate than cookie.



Prep: 15 minutes

Baker's® One Bowl Death By Chocolate Cookie

Bake: 12 minutes

2 pkg. (16 squares) BAKER'S Semi-Sweet Baking Chocolate, divided
¾ cup firmly packed brown sugar
¼ cup butter or margarine
2 eggs
1 tsp. vanilla
½ cup flour
¼ tsp. CALUMET® Baking Powder
2 cups chopped nuts (optional)

·**HEAT** oven to 350°F. Coarsely chop 8 squares (1 pkg.) of the chocolate; set aside. ·**MICROWAVE** remaining 8 squares chocolate in large microwavable bowl on HIGH 1–2 minutes. Stir until chocolate is melted and smooth. Stir in sugar, butter, eggs and vanilla. Stir in flour and baking powder. Stir in reserved chopped chocolate and nuts. Drop by ¼ cupfuls onto ungreased cookie sheet. ·**BAKE** 12 to 13 minutes or until cookies are puffed and feel set to the touch. Cool on cookie sheet 1 minute. Transfer to wire rack to cool completely. Makes about 1½ dozen cookies.



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Food



A three-spice rub makes flavors come alive in Grilled Spiced London Broil

The Spice is Right

Top chefs know that great meals start with the perfect seasoning. Here, spiced-up recipes that turn everyday entrées into the trendiest tastes around



Chile and ginger give Basil Shrimp and Noodles true Asian flair

GRILLED SPICED LONDON BROIL

What's a chef's trick for super-tasty steak? Coat it in an aromatic spice rub like this unexpected trio of fennel, coriander and cumin seeds.

Prep time: 10 minutes plus marinating
Grilling time: 16 to 18 minutes

3 tablespoons coriander seeds
1 tablespoon fennel seeds
1 tablespoon cumin seeds
4 garlic cloves, chopped
2 teaspoons kosher salt
¾ teaspoon freshly ground pepper
1 (3 lbs.) top round steak, about 1½ inches thick
¼ cup red wine
3 tablespoons extra-virgin olive oil, divided

1. Toast coriander, fennel and cumin seeds in a small skillet over low heat until seeds become fragrant and lightly colored, 1 to 2 minutes. Cool completely. Pulse seeds in spice or coffee grinder until coarsely ground. Combine garlic, salt and pepper in a small bowl; add ground spices. Rub mixture over all sides of meat. Transfer to glass dish. Cover with plastic wrap and marinate in the refrigerator overnight.
2. Thirty minutes before grilling, remove meat from refrigerator. Combine wine and oil in a small bowl; brush mixture on both sides of meat.
3. Meanwhile, heat and oil grill. Arrange meat on cooking grate. Cover and grill steak over medium heat 10 minutes; turn and grill 6 to 8 minutes more until an instant-read meat thermometer registers 135°F. for medium-rare. Transfer meat to cutting board. Let stand 10 minutes before slicing. Makes 8 servings.

Per serving: 295 calories, 14.5 g total fat, 5 g saturated fat, 104 mg cholesterol, 445 mg sodium, 2 g carbohydrates, 37 g protein, 35 mg calcium, .5 g fiber

BASIL SHRIMP AND NOODLES

The most scrumptious Asian curries and noodle dishes always seem to feature fresh basil. That's why we tossed a pungent basil-chili paste with quick-cooking angel-hair pasta, creamy coconut milk and-seared shrimp.

Prep time: 15 minutes
Cooking time: 10 to 15 minutes

Chili paste:
2 cups packed fresh basil leaves (3 oz.) or 2 cups packed fresh parsley leaves and 1 tablespoon dried basil
2 tablespoons water
1 tablespoon fresh lime juice
1 tablespoon Asian chili paste
1 garlic clove, crushed
1 teaspoon grated fresh ginger

1 pound large shrimp, peeled and deveined
3 teaspoons olive oil, divided
½ cup coconut milk
½ cup chicken broth
1 teaspoon grated lime peel
½ teaspoon salt
8 ounces angel-hair pasta, cooked according to package directions

1. *Make chili paste:* Puree basil, water, lime juice, chili paste, garlic and ginger in blender; transfer to small bowl. Remove ¼ cup of paste and rub on shrimp; set shrimp and remaining paste aside.
2. Heat 1½ teaspoons oil in large nonstick skillet over medium-high heat. Add half the shrimp and cook until golden brown, 1 to 2 minutes per side. Transfer shrimp to large plate. Wipe out skillet with paper towel; repeat with remaining 1½ teaspoons oil and shrimp; keep warm.
3. Combine coconut milk, broth, lime peel, salt and reserved chili paste in same skillet; bring to a boil over medium heat. Cook until sauce thickens slightly, 2 to 3 minutes. Remove skillet from heat; add hot pasta, tossing to coat. *(continued)*



It's not polite to stare.
Gawking, however, is totally acceptable.



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(continued) 4. Divide pasta among 4 shallow bowls; top with shrimp. Serve immediately. Makes 4 servings.

Per serving: 420 calories, 13 g total fat, 6.5 g saturated fat, 140 mg cholesterol, 582 mg sodium, 47 g carbohydrates, 28 g protein, 98 mg calcium, 2 g fiber

CILANTRO TURKEY BURGERS

It's easy to jazz up your burgers tonight with the fresh, lively taste of cilantro just by adding this chopped herb to the garlicky turkey patties and zesty citrus-mayo topping.

Prep time: 20 minutes
Grilling time: 16 to 18 minutes

Burgers:
- 1½ pounds ground turkey (a blend of dark and white meat)
- 1 cup packed fresh cilantro leaves with stems or 1 cup packed fresh flat-leaf parsley leaves and 1 tablespoon dried cilantro (coriander leaf), chopped
- ¼ cup finely chopped onion
- 2 teaspoons minced garlic
- ¾ teaspoon salt
- ¼ teaspoon freshly ground pepper
- 1 tablespoon olive oil

Mayonnaise:
- 1 cup mayonnaise
- 1 cup packed fresh cilantro leaves with stems or 1 cup packed fresh parsley leaves and 1 tablespoon dried cilantro (coriander leaf), chopped
- ½ teaspoon grated orange peel
- 1 teaspoon fresh orange juice

- 4 kaiser rolls, split
- Lettuce
- Onion slices (for garnish)

1. *Make burgers:* Gently combine all ingredients except oil in large bowl. Shape into four ¾-inch-thick patties. Brush tops of burgers with oil.
2. Heat and oil a large grill pan or cast-iron skillet over medium-high heat. Grill burgers, oiled side down, 8 minutes. Turn and grill 8 to 10 minutes more, or until instant-read meat thermometer registers 160°F. when inserted 1 inch from edge of each burger. Transfer burgers to plate. Grill rolls, cut side down, 30 to 60 seconds, until toasted.
3. *Make mayonnaise:* Meanwhile, combine all ingredients in small bowl. *(Can be made ahead. Cover and refrigerate up to 3 days.)* Spread 1 tablespoon mayonnaise on cut sides of rolls. Top bottoms of rolls with lettuce, burgers, onion slices and tops of rolls. Makes 4 servings.

Per serving: 570 calories, 31.5 g total fat, 6.5 g saturated fat, 92 mg cholesterol, 915 mg sodium, 32 g carbohydrates, 37 g protein, 103 mg calcium, 2 g fiber



Anything but ordinary: Cilantro Turkey Burgers

ASIAN COLE SLAW WITH BASIL

Some describe the taste of basil as a cross between licorice and cloves. Tossed with cabbage, carrot and grated ginger, it adds a sweet touch to this refreshing salad (not pictured).

Total prep time: 30 minutes

- ½ cup thinly sliced shallots
- 4 teaspoons vegetable oil, divided
- ¼ cup fresh lime juice
- 2 tablespoons rice-wine vinegar
- 1½ teaspoons packed brown sugar
- 1 teaspoon soy sauce

(continued)

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IF THIS WERE A SCRATCH 'N' SNIFF AD, WE WOULDN'T HAVE TO SAY ANOTHER WORD.

You'll smell the cinnamon just as soon as you open the box.

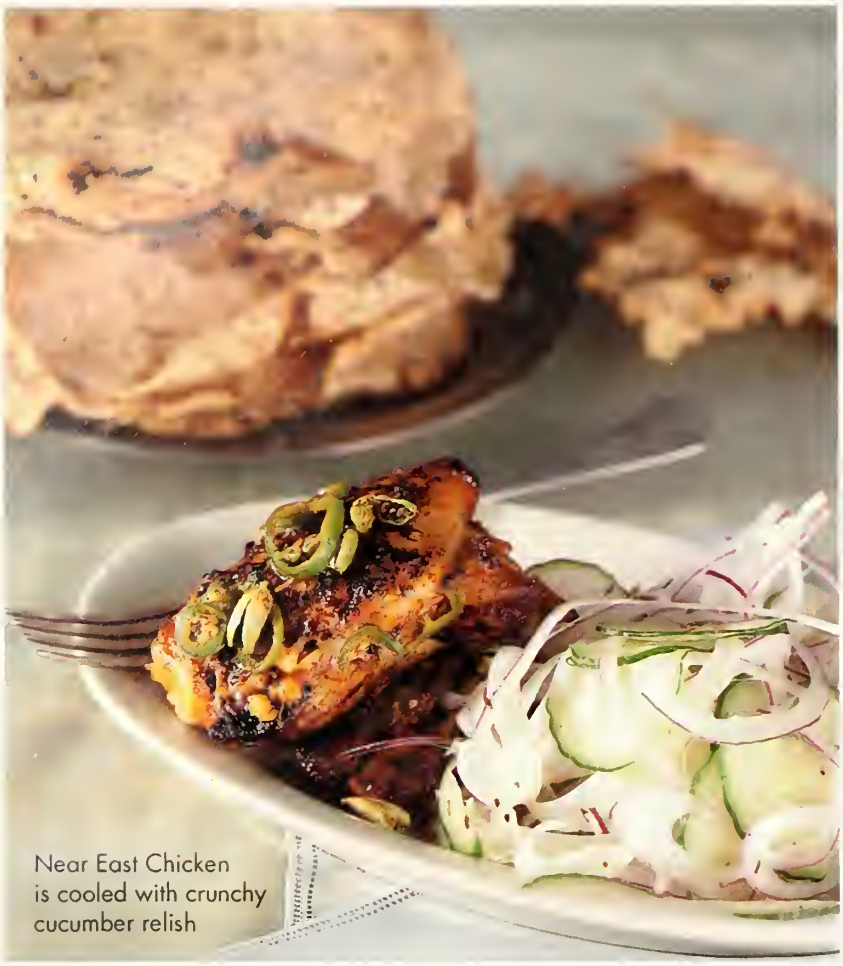
Every raisin in this surprisingly different raisin bran is sprinkled with it.

We have put in lots of crunchy oat clusters baked with cinnamon, too.

We've added crispy whole grain wheat and bran flakes to give you the greatest thing for breakfast since sliced bread. (Cinnamon raisin bread, that is.)

Post

BREAKFAST MADE RIGHT®



Near East Chicken is cooled with crunchy cucumber relish

(continued)

1 teaspoon finely chopped fresh ginger
¾ teaspoon salt
⅛ teaspoon freshly ground pepper
1 small (1½ lb.) head Napa or green cabbage, thinly sliced
1 cup coarsely shredded carrot
1 cup fresh basil leaves, thinly sliced, or 1 cup fresh flat-leaf parsley leaves and 1 tablespoon dried basil, chopped
⅓ cup whole blanched almonds, toasted and coarsely chopped

1. Toss shallots with 1 teaspoon oil in a glass pie plate. Microwave on High, 3 minutes, until tender-crisp.
2. Combine remaining 3 teaspoons oil, lime juice, vinegar, sugar, soy sauce, ginger, salt and pepper in a bowl. Add the cabbage, carrot, basil and shallots and toss. Sprinkle with almonds. Makes 7 cups.

Per ½-cup serving: 50 calories, 3 g total fat, 0 g saturated fat, 0 mg cholesterol, 158 mg sodium, 5 g carbohydrates, 2 g protein, 61 mg calcium, 1 g fiber

NEAR EAST CHICKEN WITH CUCUMBER RELISH

Mostly used in baking, warm, spicy-sweet cardamom is common in Indian recipes like this marinated chicken with yogurt. Its seeds are encapsulated in cranberry-size pods. Cardamom can be purchased in the pod or ground, but pods offer the most intense flavor.

Prep time: 10 minutes plus marinating
Grilling time: 20 minutes

1 tablespoon cardamom pods (about 20) or 1 tablespoon ground cardamom
½ teaspoon salt
¼ teaspoon freshly ground pepper
2½ pounds skinless chicken thighs
1 container (8 oz.) plain yogurt
6 quarter-size slices fresh ginger
4 garlic cloves, crushed
1 tablespoon sliced jalapeño chile
½ teaspoon paprika

Cucumber relish:
½ English cucumber, peeled and sliced (about 1 cup)
1 cup thinly sliced fennel
½ cup thinly sliced onion, rinsed under cold water
1 tablespoon cider vinegar
2 teaspoons olive oil
½ teaspoon salt
½ teaspoon sugar
Pinch cumin seed

1. Toast cardamom pods in small skillet, shaking pan, over low heat until fragrant, 3 minutes. (For ground cardamom, toast 1 minute.) Cool. Pinch pods to open slightly.
2. Sprinkle salt and pepper over chicken. Combine yogurt, ginger, garlic, jalapeño, paprika and cardamom in large bowl. Add chicken, turning pieces several times until well coated. Cover bowl with plastic wrap and marinate chicken in the refrigerator overnight.
3. Thirty minutes before grilling, remove chicken from refrigerator. *Make cucumber relish:* Combine all ingredients in bowl.
4. Heat and oil grill. Arrange chicken with any marinade on grill. Cover and grill chicken 20 minutes, turning every 5 minutes, until chicken is lightly charred and an instant-read meat thermometer registers 180°F. when inserted in thickest part. Serve with cucumber relish. Makes 4 servings.

Per serving: 335 calories, 12.5 g total fat, 3.5 g saturated fat, 180 mg cholesterol, 797 mg sodium, 10 g carbohydrates, 44 g protein, 118 mg calcium, 2 g fiber

SICHUAN PORK AND ASPARAGUS

Sichuan berries are a mildly hot spice from China. Roasting them with salt brings out their tantalizing flavor and aroma.

Prep time: 15 minutes
Cooking time: 15 minutes

Pepper-Salt:
¼ cup kosher salt

(continued on page 183)

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Spice It Up

STORING SPICES

To preserve flavor and color, store spices in air-tight c tainers in a cool, dry place away from light, heat and mo ture. (Avoid areas close to the stove, oven, dishwasher refrigerator, where spices can come into contact with hea

Refrigerate red-colored spices (chili powder, cayer pepper, paprika) to prevent loss of color and flavor. Wh spices don't spoil, they're best used within two years.

STORING HERBS

Consider storing herbs like a bouquet of flowers. Place t stems in a glass of water. Cover leaves loosely with a pl tic bag and refrigerate up to one week.

TOASTING SPICES

Toasting spices accentuates and rounds their taste and ar ma. Heat a skillet over medium heat until hot. Add spice and toast 2 to 5 minutes, until fragrant and light browned, stirring to prevent burning.

USE DRIED HERBS IN A PINCH

If fresh herbs are not available, substitute fresh parsley f the amount of herbs specified and at least 1 teaspoon of t dried herb. Chop the parsley and dried herb together.



GOLDEN PRINCESS SEA CRUISE SWEEPSTAKES RULES

IRCHASE NECESSARY TO ENTER OR WIN. The Golden Sea Cruise Sweepstakes ("Promotion") begins at 12:00 n) Eastern Time ("ET") on Thursday, February 15, 2001 and 2:00 P.M. (Noon) ET on Monday, April 30, 2001.

ILITY. The Promotion is only open to legal residents of the tates, and Washington, D.C. living in the United States, residents of Canada living in Canada excluding the Province ec. You must be 21 years old as of the date of entry. ees, officers and directors of Merle Norman Cosmetics or"), its parents, affiliates, subsidiaries, advertising, onal, fulfillment and marketing agencies, their immediate (parent, child, sibling and spouse) and persons living in e households as such individuals (whether related or not) eligible to participate in the Promotion. By entering the on, participants agree to release, discharge and hold s Sponsor, its parents, affiliates, subsidiaries, retailers, s and their respective officers, directors, employees and from any and all damages whether direct or indirect, which due to or arise out of participation in the Promotion or any thereof, or the acceptance, use/misuse or possession of By participating, you agree to these Official Rules and to isions of Sponsor whose decisions are final and binding in ects. Void in Puerto Rico, the Province of Quebec and where ed by law, rule or regulation. All federal, state, provincial and ws and regulations apply.

TO ENTER THE SWEEPSTAKES: LIMIT: Only one entry per To enter the Sweepstakes, you must completely fill out all ation requested on the postcard entry form available at pating Merle Norman Cosmetic Studios. Mail completed d to: Merle Norman Cosmetics, Golden Princess Sea Cruise stakes, Customer Service Department, 9130 Bellanca Avenue, geles, CA 90045. Residents of OH and MI only may also by writing their name, address (including zip code) and one number on a 3" x 5" card and mailing it to the ientioned address. All entries must be postmarked by April 01.

EPSTAKES PRIZES AND DRAWING: The Sweepstakes drawing ke place on Tuesday, May 15, 2001 by Sponsor. Winners will ected in a random drawing from all eligible entries received. f winning depend on the number of eligible entries received ie number of unclaimed prizes available. Details of the stakes prizes are as follows: One (1) Grand Prize includes a Caribbean cruise vacation for two (2) aboard a Princess s ("PC") vessel. All terms of the PC Passage Contract apply. e will include a standard oceanview cabin with double ancy, on-board meals, entertainment and shipboard activities. PC is not responsible for airfare to and from point of embarkation. Round-trip, coach-class airfare, overnight double-occupancy hotel accommodations (if necessary), and a Gift Basket of skin care and makeup products valued at $300.00 will be provided by Sponsor. (Approximate Retail Value $5,000.00.) Passengers are responsible for gratuities, optional shore excursions, soft drinks and alcoholic beverages, and onboard personal purchases. Any federal, state and local taxes on the Grand Prize cruise are the sole responsibility of the winner. All travel must be completed within one year of prize notification and is not transferable, not returnable, and cannot be sold or redeemed for cash. Winner and guest must travel together. No time extensions will be permitted, and unused travel will be forfeited. Accommodations are subject to availability. Winner will select cruise from a list of available dates. Blackout dates apply and include Thanksgiving, Christmas, New Year's Day and Easter. Five (5) First Prizes each consist of a $500.00 Gift Certificate redeemable for a Free Makeover and Merle Norman products only. Fifty (50) Second Prizes each consist of a $100.00 Gift Certificate redeemable for a Free Makeover and Merle Norman products only. One hundred (100) Third Prizes each consist of a $25.00 Gift Certificate redeemable for a Free Makeover and Merle Norman products only. Prizes are limited to only those items specifically listed as part of the prize.

5. PRIZE AWARDING: Only one prize is permitted per household. Sponsor will award prizes only upon winner verification and final approval. No prize substitution, cash equivalent of prizes, transfer or assignment of prize permitted, except by Sponsor in its sole discretion, due to prize unavailability for any reason, and only then for a prize of equal or greater value. Winners will receive prize notification via certified mail on or around Tuesday, May 29, 2001. All prizes valued at $599.99 or under will be fulfilled in six to eight weeks after the last day in the month in which the prize has been won. Winners of prizes exceeding $600.00 will have 10 days from first attempt at delivery of winning notification to complete, sign and return the Affidavit of Eligibility/Compliance & Publicity/Liability Release forms to Merle Norman Cosmetics. If a winner is a Canadian resident, he/she will be required to answer a time limited, mathematical skill testing question before receiving prize.

Sweepstakes Grand Prize: If the potential winner of the Sweepstakes Grand Prize cannot be contacted, is ineligible; fails to return the completed and executed Affidavit and Release, fails to claim the prize; if the Prize Notification is returned as undeliverable or if the potential winner otherwise fails to fully comply with these official rules, an alternate winner will be selected. The guest of the Grand Prize winner must be 21 years of age or older, unless he/she is an immediate family member of the winner. The guest must sign and return a liability and publicity release prior to issuance of travel documents. If the guest is a minor, such documents must be signed by his/her parent or legal guardian.

First, Second and Third Prizes: If a potential winner of the First, Second or Third Prize cannot be contacted, is ineligible, fails to claim the prize, if the Prize Notification is returned as undeliverable or if the potential winner otherwise fails to fully comply with official rules, an alternate winner will be selected.

Entrants grant Sponsor the right to use and publish winners' proper names and states of residence in connection with the Promotion. Acceptance of a prize constitutes permission for Sponsor and its affiliates to use winners' names and likenesses solely for advertising and promotional purposes as Sponsor so determines without notice or further compensation, except where prohibited by law. All information collected will be treated in a manner consistent with Sponsor's privacy policy. All decisions of the judges shall be binding and final.

6. DISQUALIFICATION: Sponsor is not responsible for incorrect or inaccurate entry information. Entrants found tampering with or abusing any aspect of this Promotion, as solely determined by the judges, will be disqualified. If disqualified for any of the above abuses, Sponsor reserves the right to terminate entrant's eligibility to participate in the Promotion. In the event this Promotion is compromised by non-authorized intervention or other causes beyond the control of Sponsor which, in the sole opinion of Sponsor, corrupt, or impair the administration, security or fairness of the Promotion, Sponsor reserves the right at its sole discretion to suspend or terminate the Sweepstakes. Sweepstakes prizes set forth in Rule #4 will then be awarded, in a random drawing from all eligible entries received prior to (and after, if appropriate) the action taken by Sponsor.

7. TAX INFORMATION: All federal, state, local and other taxes on prizes are the sole responsibility of the applicable winner.

8. GENERAL INFORMATION: Any and all disputes concerning this Promotion will be resolved in the appropriate courts in the State of California, exclusively, and subject to the laws of the State of California. Should there be a conflict between the laws of the State of California and any other laws, the conflict will be resolved in favor of the laws of the State of California.

9. WINNERS LIST: To receive a list of winners, send a self-addressed stamped envelope for receipt by Friday, June 15, 2001 to: Merle Norman Cosmetics, Golden Princess Sea Cruise Sweepstakes Winners List Request, Customer Service Department, 9130 Bellanca Avenue, Los Angeles, CA 90045.

HE SPICE IS RIGHT

ontinued from page 180

tablespoons Sichuan peppercorns

auce:
2 cup chicken broth
teaspoons soy sauce
tablespoon cream sherry*
½ teaspoons sugar
½ teaspoons rice vinegar
4 teaspoon salt
teaspoon cornstarch

teaspoons vegetable oil, divided
bunch (1 to 1¼ lbs.) asparagus, cut diagonally into 1½-inch pieces
tablespoon sesame seeds
pound pork tenderloin
teaspoons minced fresh ginger
2 pound shiitake mushrooms, stems discarded and caps sliced
tablespoon chicken broth
4 cup sliced green onion

. *Make Pepper-Salt:* Toast salt and eppercorns in a skillet over medi-m heat until slightly darkened, 4 to minutes. Transfer to a spice or coffee grinder and process until fine. (Makes ¼ cup.)



Turn up the heat for dinner tonight with this satisfying stir-fry of Sichuan Pork and Asparagus

2. *Make sauce:* Combine chicken broth, soy sauce, cream sherry, sugar, rice vinegar and salt in a small bowl; whisk in cornstarch.

3. Heat 1½ teaspoons oil in a 12-inch nonstick skillet over high heat. Add asparagus and sesame; stir-fry 3 to 4 minutes until just tender. Set aside.

4. Heat 1½ teaspoons oil in same skillet. Add half the pork, 1 teaspoon ginger and ¼ teaspoon Pepper-Salt; stir-fry 2 minutes. Transfer to another bowl. Repeat process.

5. Heat remaining 1½ teaspoons oil in skillet. Add mushrooms and broth and stir-fry 2 minutes until mushrooms are tender. Whisk sauce again and pour into skillet; bring to a boil. Boil 30 seconds; stir in pork and heat 20 seconds more (no longer, pork will overcook). Transfer to a platter; top with asparagus, green onion and ½ teaspoon Pepper-Salt. Makes 4 servings.

Per serving: 285 calories, 14.5 g total fat, 3.5 g saturated fat, 75 mg cholesterol, 1,017 mg sodium, 11 g carbohydrates, 29 g protein, 58 mg calcium, 2 g fiber

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International les of Toronto

the British named their Cana- ettlement "York," the Huron e called it "Toronto," which "meeting place". To this day, y remains just that—a cultural oads. At every turn, visitors can nother ethnic neighborhood ig with restaurants, coffee bars ood markets. In Toronto today, sy to sample the world's cuisine eekend.

gin your cultural expedition in town. For breakfast, check out **na Cake and Dessert Garden** 250 Spadina Avenue; 416-504- and select from fifty different of sweet buns. Then head to **Long Supermarket** (253-259 ina Avenue; 416-977-8597), you'll find tanks of fish, barrels ied shrimp, bundles of noodles esh tofu.

arby, four narrow streets com- **Kensington Market**, a multi- al enclave filled with shops and irants where you can sample ev- ing from Caribbean cuisine to an pistachios. Stop at the **House ices** (190 Augusta Avenue; 416- 724) for green coffee or vanilla ; and the **Latin America Empo-** (243 Augusta Avenue; 416-351-) for *pupusas* (grilled cornmeal las filled with meat, cheese and s). For an authentic Chilean meat- heese turnover, try **Jumbo Em- ada** (245 Augusta Avenue; 977-0056).

xt stop: Little Italy. The **Sicilian walk Café** (710-712 College t; 416-531-7716) is a must for i (Italian ice cream). The *dolce* lows from buzzing espresso bars rendy wine bars, while the streets nd with restaurants serving home- pasta dishes.

you're in the mood for dining dancing, check out a few of the 's Spanish establishments. **El cho Restaurant and Nightclub** College Street; 416-921-2752) rs such specialties as *paella* (Spain's signature seafood and rice dish) and *carne asada* (beef with rice and onions). The nightclub also offers salsa and tango lessons. Across the street, **Plaza Flamingo Restaurant and Nightclub** (423 College Street; 416-603-8884) serves dinner and tapas (bite-size Spanish appetizers such as steamed mussels and breaded dumplings), and features live flamenco shows.

For some Indian ambience, try traditional Indian milk-based sweets in delicious flavors at **Surati Sweet Mart** (1407 Gerrard Street East; 416-462-3480). The *badam barfi* (almond squares) are especially tasty. Step into **Baldev** (1399 Gerrard Street East; 416- 463-7226), an Indian food shop, to sample *paan*, an after-dinner concoction of spices and condiments wrapped in a leaf. **Madras Durbar** (1435 Gerrard Street East; 416-465-4116) serves delicious vegetarian meals, while **Bar-be-que-Hut** (1455 Gerrard Street East; 416-466-0411) serves tandoori dishes and features live musical performances.

Finally, Greektown offers more than fifty tempting restaurants. All welcome children, but **The Kalyvia Restaurant** (420 Danforth Avenue; 416-463-3333) provides the most kid-friendly menu. Linger over *bougatsa* (custard pie) or *kreatopita* (meat pie), both wrapped in the finest phyllo pastry at **Athens Pastries** (509 Danforth Avenue; 416-463-5144).

All this eating is bound to make you sleepy. Several reasonably priced hotels offer a place to rest your tired eyes—and stomachs. The family-friendly **Delta Chelsea Hotel** offers a pool and recreation area (33 Gerrard Street West; 800-243-5732; $155 to $205 per night). Or try the **Comfort Hotel**, which features a Japanese buffet-style family restaurant (15 Charles Street East; 800-228-5150; rates start at $80 per night). The **Toronto Days Inn** (30 Carlton Street; 800-942-7543; from $99 to $129 per night) is also a popular choice.

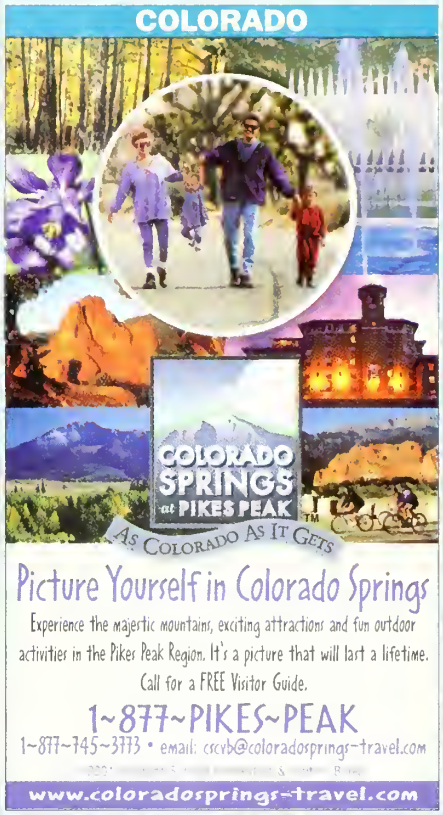
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—Dagmar Busshoff

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Washington Without the Crowds

Want to take the family to the nation's capital but don't have the patience to fight the spring crowds? Then visit some of the city's more offbeat—but no less interesting—attractions.

The **National Building Museum** (401 F Street NW; 202-272-2448) celebrates America's many architectural styles. Locals and tourists alike are drawn to the museum's permanent exhibit of Washington, D.C., which relates the history of the nation's capital through a series of drawings, photographs, maps and models of the monuments during different time periods. Other exhibits change frequently but have included road-trip memorabilia, such as signs from America's highways in the fifties and postcards celebrating gas, food, lodging and amusement facilities around the country. The museum offers lectures from world-renowned architects, and the building that houses the museum is recognized as a marvel of engineering, with its open archways and columns constructed in an Italian Renaissance style.

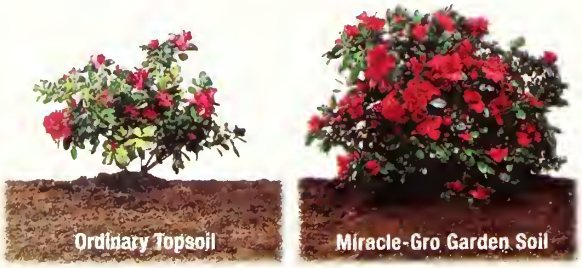
At **The Textile Museum** (2320 S Street NW; 202-667-0441), visitors discover that textiles can hold great cultural and historical significance. The museum houses more than sixteen thousand textiles and carpets dating from the fourth to the twenty-first centuries. A collection of nineteenth-century American quilts will be followed by an upcoming display of a nineteenth-century Japanese fisherman's coat made of quilted cotton. A hands-on room lets you practice spinning wool, making block prints and weaving.

Young children may be frightened by some of the exhibits at the **National Museum of Health and Medicine** (6900 Georgia Avenue NW; 202-782-2200)—the before-and-after photos of Civil War–era reconstructive surgery, for example—but older kids and adults will be fascinated. Display clude the bullet that killed Presi Lincoln and the probe used to fir a spinal-cord section with verte from the spine of John Wilkes B and the world's most compreher collection of microscopes.

Feminism thrives at the **Sew Belmont House** (144 Constitu Avenue NE; 202-546-1210), w has been the headquarters of the tional Woman's Party (NWP) s 1929. Members were the first Ar cans to picket the White House manding suffrage for women. To they mostly focus on preserving history of the feminist movem Memorabilia, such as Susan B. thony's writing desk, illustrate lives of early NWP members, a life-size statue of Joan of Arc re sents the commitment of women cated to fighting for their rights. building houses one of the lar feminist libraries in the country. ahead to arrange for a tour.

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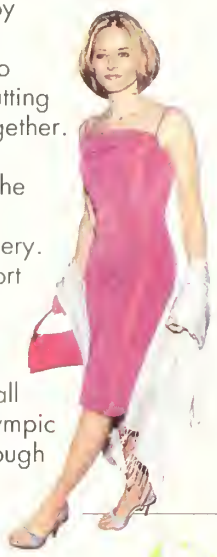
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FIVE SECRETS OF WOMEN WHO LOVE THEIR LIVES

(continued from page 155)
(See "Keep a sense of humor.")

3. Develop a personal passion. Julia Roberts, Sandra Bullock and Hilary Swank enjoy knitting. Elizabeth Hurley confesses to spending hours putting jigsaw puzzles together. Jodie Foster (right) likes to cook. But the athletic Davis is a fanatic about archery. She credits the sport with strengthening her overall self-confidence. She took that passion all the way to the Olympic trials in 1999. Though she didn't make the U.S. team, Davis is ranked among the top archers in the U.S. and says the sport has boosted her self-esteem.



4. Find yourself a soapbox. Davis is a champion of greater opportunities for women in the film industry. Her *Thelma & Louise* co-star Susan Sarandon (below) has never shied away from a cause in which she's believed—be it on the domestic or international front. Whether battling for animal rights (Drew Barrymore) or fighting against AIDS (Sharon Stone), top actresses use their bully pulpits to winning effect.





5. Get over it. Madonna (above) has certainly had mixed success in her film endeavors: Audiences loved *Evita* but mostly steered clear of *Who's That Girl*. But she's just as popular as ever. If Davis had called it quits after that thunderous bomb of a film *Transylvania 6-5000*, we would never have seen her Oscar-nominated work in *Thelma & Louise* or her sensitive, spunky performance in *A League of Their Own*.

Geena takes charge

(continued from page 155) where she did her first two TV shows and a slew of films, including *Fletch*, *Beetlejuice* and *The Fly*, in which she starred with husband-to-be Goldblum. The films that earned her the greatest acclaim were *The Accidental Tourist* (1988) and *Thelma & Louise* (1991), for which she was nominated for a Best Actress Award, and *A League of Their Own* (1992).



Davis says she had the best time making *Thelma & Louise*. (Could those love scenes with Brad Pitt have had anything to do with it?) "It was the combination of [director] Ridley [Scott] and the fun I had working with Susan [Sarandon]. It wasn't just another movie—it struck a nerve. It forced people to have debates."

The film also fostered a sturdy bond between Davis (Thelma) and Sarandon (Louise). "When you fall in love with somebody while you're doing a film, it's because they're always there for you in a way that makes you do your best," says Sarandon. "Geena was always prepared. She's completely generous. It was not easy being in the heat all day in a convertible, but we never had an uncomfortable moment. She's a talented, honorable gal."

Davis's career has had its share of bombs, too. The biggest, 1996's *Cutthroat Island*, was made with husband number three, Finnish director Renny Harlin.

Her film career got a lift in 1999 from the Christmas blockbuster *Stuart Little*, a hit that grossed $140 million in the U.S. alone. This spring Davis begins shooting *Stuart Little 2*, the next installment of the E.B. White classic about a family whose son turns out to be a mouse.

Huge commercial success or no, Davis would like to see more roles for women on both sides of the camera. "I'm actually optimistic about *Charlie's Angels*. It was the first event movie that purely starred women, and hopefully, they'll make a sequel. I'm also hoping it will get some momentum going."

But life isn't all Hollywood for Davis: She devotes plenty of time to her other passion, archery—a hobby she's so devoted to that she made it all the way to the Olympic trials in 1999. "One of the most valuable things I've learned from archery is you can't do it well without believing in yourself. When I started, my inner voice was saying, 'That was bad; that was stupid.' You have to learn to say something different in your head. 'I can do it. I am good at it.' It makes a huge difference."

And with that, she's off the couch, finished with lunch and ready to head back to work. "I'm getting my roots touched up," she says. "I'm sure your readers will be interested in *that*." And with one more laugh, she's gone. ■



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THE WOMAN WHO WOULDN'T BE SILENCED

Continued from page 124

Danielle $1,166,863 to reimburse them for lost wages, moving costs and emotional distress. Mother and daughter were speechless. "After all we had been through, it didn't seem real," recalls Danielle.

The congratulatory calls quickly started to pour in, but Jouhari answered them all with: "I'm sorry, we can't talk now. We've got to go have a baby!"

STARTING OVER

Later that day, Danielle gave birth to a seven-pound baby girl. Mother, daughter and grandmother moved to an undisclosed location and changed their names.

Although they still fear retribution from supremacist groups, Jouhari and Danielle say they're beginning to return to a semblance of a normal life. Danielle has graduated from high school and is planning to study nursing. Jouhari is working as a community advocate.

Jouhari doesn't know whether she'll ever collect a penny from Wilson, but she says her two-year odyssey has only strengthened her resolve to fight racism. She vows, "I'm going to make sure my granddaughter never goes through what my daughter and I did." ■

Mark Stuart Gill is a frequent contributor to Ladies' Home Journal.





surface more completely in the years to come. Some sperm donors, once content to remain anonymous, are now searching for the children they fathered, and children born of donor sperm are questioning the need for secrecy about their parentage. Egg donors may one day do the same. Children adopted as embryos will have to confront the fact that their biological parents—presumably, eager to have children—chose not to raise them.

"The [reproductive] technology is light-years ahead of religion, the law and ethics," says Lincourt. "And what ethicists are doing is chasing the juggernaut of medical science, trying to figure out what to do with the problems that science generates."

Setting standards

There are no clear-cut answers to any of the questions posed by these difficult medical controversies. What experts do agree on is that if there are to be ethical standards, they must be set not only by doctors and medical scientists, but also by society at large.

"These are not concerns that can or ought to be left to the medical world. They're too important for that," concludes Gorovitz. "Rather, we need more people to reflect on the difference between technical skill and wisdom. And the more people who are thinking, talking and worrying about it, the better." ■

Shana Aborn is a senior editor at Ladies' Home Journal.

RAVE NEW ETHICS

ontinued from page 137

discard it? And if the couple divorce, who should get ustody"? Giving away embryos to other parents re-lves some of those problems but creates still others.

As with standard adoptions, couples can select the mbryos they prefer by looking at the donors' back-rounds, and the two couples may meet if they choose. fter the donors sign contracts agreeing to relinquish eir parental rights, the recipient mother is free to at-mpt a pregnancy.

But some legal experts worry that the procedure has w safeguards. Currently, only Florida, North Dakota, exas, Oklahoma and Virginia have laws governing em-ryo donation. Even then, the laws state only that the onors are not the legal parents because they have no ights to relinquish: A child cannot be legally adopted efore birth. In the remaining states, recipient parents ay face heartbreak if the biological couple change heir minds and choose to reclaim the embryos.

Then there are the moral questions. Is it okay for a cou-le to give away what could be considered their children? "The key issue here is: Are embryos property?" says John incourt, of the University of North Carolina's ethics enter. "If so, there are laws in each state governing that."

The emotional issues surrounding children of assisted eproduction and their biological parents will no doubt





Gettin' Jiggy With It

Culture and tradition come alive on St. Patrick's Day in Boston, where Irish dancers perform for cheering crowds

March 17 — Early morning, the sixty-member troupe from The Sullivan School of Irish Dance, in Newton, Massachusetts, boards a bus headed for Boston's famed St. Patrick's Day celebration. Dressed in traditional Celtic outfits, nervous smiles on their freckled faces, they prepare to entertain the crowds at downtown's Faneuil Hall with a "4-Hand Reel," one of the oldest dances recorded in Irish history.

The dancing girls, including Julie Bonanno, Kerilyn Amedio, Molly Reid and Ellen Smith (above, from left), are used to performing for crowds. They've danced at hospitals for children with cancer and competed in their first Boston Championship in the under-six category last year. "Our biggest day is not when competing, but rather St. Patrick's Day," says Clare Sullivan, the thirty-seven-year-old dance-school owner and former National Champion of Irish Dance.

Tourists sporting emerald-green shirts gather as the music starts and the girls begin to move their feet. The dancers' hard shoes create a thunderous roar as they perform the final dance, called a treble reel. "I cut the music at the end of the dance so the audience can hear the beat purely from the children's feet," says Sullivan.

For the teacher and her students, Irish dancing is more than a hobby—it's a way of life. Along with the art of dance, the children learn a respect for traditions and courage to try new things. "It's a sense of worth no money can buy that they carry with them for the rest of their lives," says Sullivan. "Dance can be one of the greatest accomplishments for any child." *—Melinda Leader*

ADIES' HOME

THE 10 HEALTHIEST TOWNS IN AMERICA

JOURNAL

APRIL 2001

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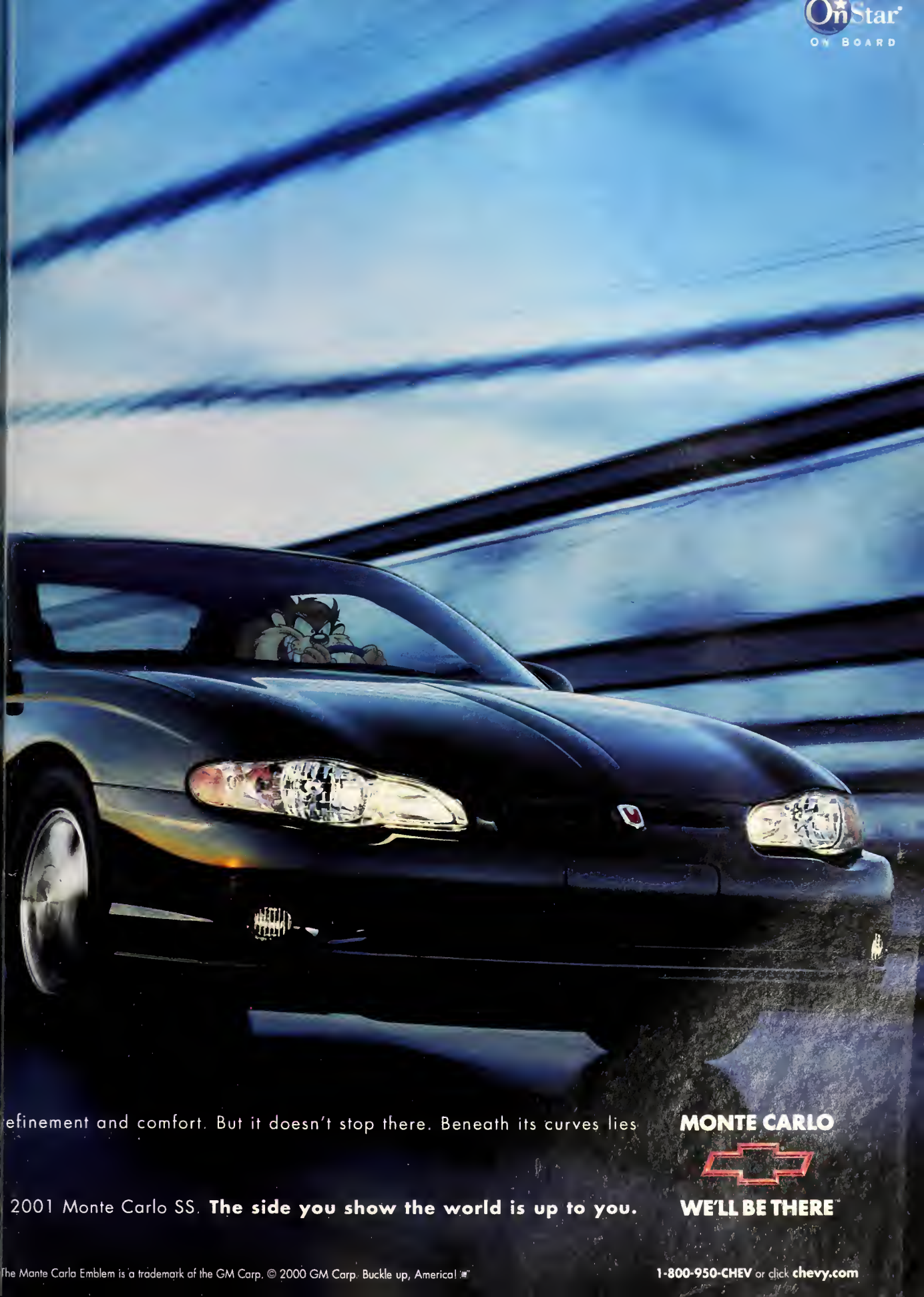
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PHOTOS, FROM TOP: HUBIE FROWEIN; ALISON MIKSCH. ILLUSTRATION, ROLLIN McGRAIL


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Hometown Heroes

The place where I grew up—Amityville, New York—is a typical hometown. It had its great points—seaside charm and a mall to satisfy every adolescent within a 25-mile radius, for example—and its drawbacks. (Look for a few *Amityville Horror* reruns on cable sometime, and you'll see what I mean.)

In the seven times I've changed cities since leaving home, each new address has had its perks and its curses. There are so many factors that make one town feel like the perfect place to put down roots, and others that never quite feel like home. Maybe there's a summer softball league you've been a part of forever, an old pavilion you enjoy sitting in by the lake, a grade school surrounded by 100-year-old trees and full of memories, or the simple comforts of knowing every all-night pharmacy in a 50-mile radius or that your sister lives within jogging distance. Maybe it's just that you and your husband drove through the town once, stopped for gas, and said, "What a nice place to raise a family."

We choose our towns based on life, not lists: Who we marry, what we do, and families all factor in. Of course, that doesn't stop us from wondering where the parks might be greener, the jobs more plentiful, or the sprawl more managed. Thanks to articles editor Margot Gilman, who calls New York City her home, you can find the answers in our fourth annual "Best Cities for Women." This year, we fine-tuned our screening process even more, refining it to yield important information about what women care most about: quality health care, lowest rates of women's cancers, excellent schools, low crime rates, plenty of places to work out. The winners are surprising: Take the quiz on this page and see. Or turn to page 102 for the full report. And for an even more complete set of findings on each of the 200 cities we ranked, check out *www.lhj.com*.

For now, you'll find me in Forest Hills, New York, where my family has found the best pizza, the best playground and a pediatrician who always returns my calls.

Write and let us know what you think about your hometown.

—*Sarah*

e-mail me at sarah@mdp.com

Editor-in-Chief Myrna Blyth and Editor Sarah Mahoney alternate writing this column.

The most burgers, the fewest ladies' rooms

Doing our Best Cities research, we uncovered plenty of fun facts they didn't teach you in geography class:

1. How many cities, out of 200, can claim that their female residents exercise more than 1,000 minutes per month?

2. Where do you want to live to be closest to a fast-food fix?

3. Where are women most likely to have had a mammogram?

4. Which of the 200 biggest cities in America has the highest rape rate?

5. Which city has the furthest to go before it achieves potty parity (having an equal number of female and male rest-room facilities in public buildings)?

Answers: 1. Two: Lubbock, TX, and Hampton, VA. 2. Orlando, FL, which has the highest number of Burger Kings, McDonald's and Wendy's, for a town of its size. 3. Stockton, CA. 4. Beaumont, TX. 5. Philadelphia, the city of *brotherly* love.



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MICHELE BENDER

Does a mother's breast-cancer diagnosis motivate a daughter to change her own health habits? To find out, Bender interviewed four pairs of women in "Just Like Mom?" (page 132) to see how they reacted to a loved one's diagnosis. "I was surprised," says Bender. "Hopefully, more women will take the time to question their family members' medical histories."

MAN

This month, photographer Man moves his lens into very sharp focus in "All About Hue" (page 122), a look at spring's newest makeup shades. "Bold, beautiful, vibrant colors are in," says the New York City–based photographer, whose client roster includes Spanish *Harper's Bazaar*, *Seventeen* and *Allure*.





MOLLY HASKELL

Longtime film critic and historian Haskell has no intention of ever penning a screenplay, but if she did, "I'd definitely write something with Tom Hanks in mind," she says. In "Why We Love Tom Hanks" (page 128), she sings the star's praises. "There's something refreshingly decent about him," she says.

ROLLIN McGRAIL

"Good Manners—Your Way" (page 136) examines new etiquette pitfalls of the 21st century. Even McGrail, the story's illustrator, says, "I didn't think double-dipping was a big deal until I saw that *Seinfeld* episode." Now, the mother of two admits she'll think twice next time she reaches for a chip.





LESLIE BENNETTS

Lack of commitment, says Bennetts, is the real problem behind today's rising divorce rates. In "For Better or Worse" (page 152), she is critical of adults who put their own short-term happiness ahead of their children's well-being. "I think too many people gloss over the damaging effects that divorce has on children."

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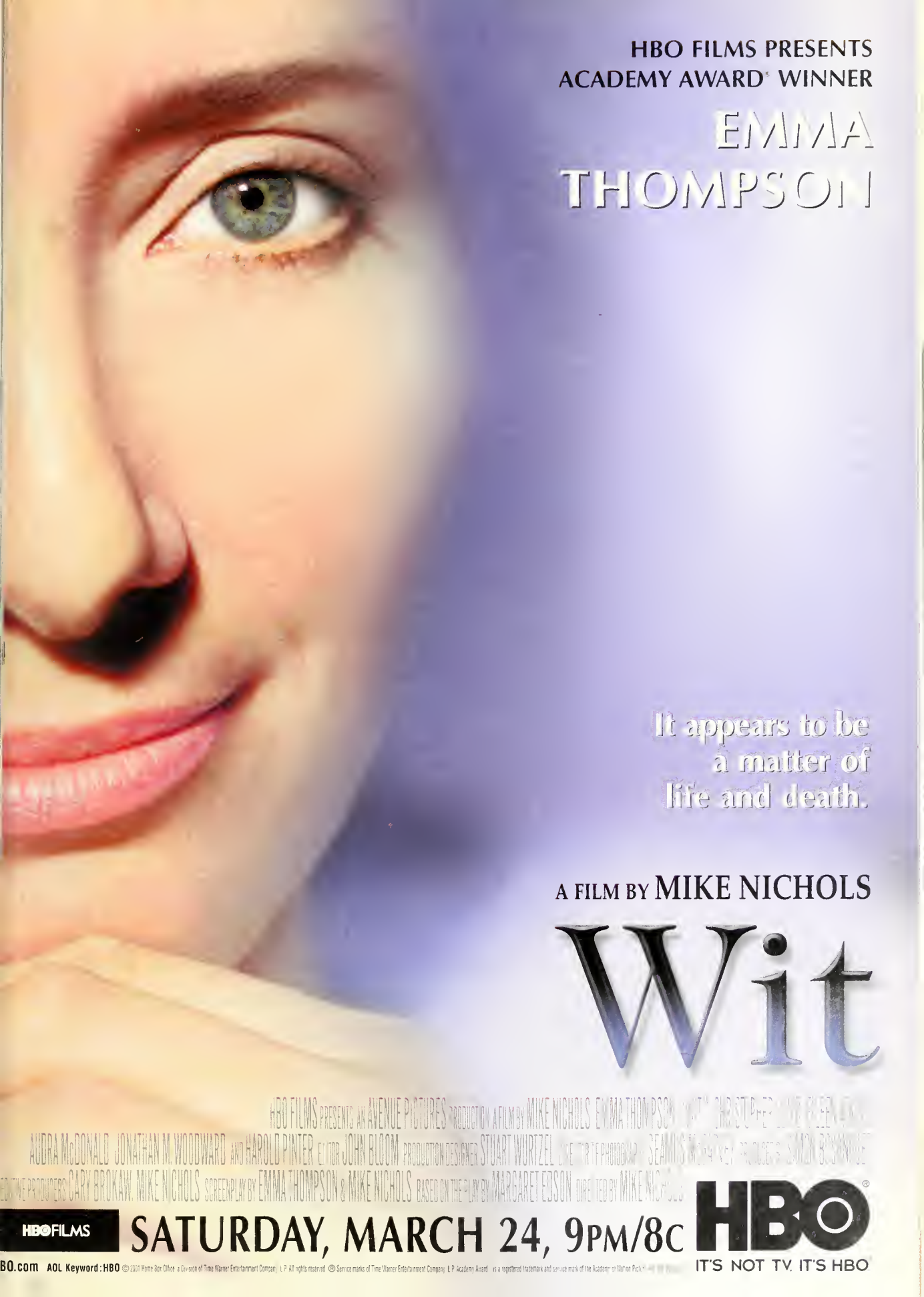
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your letters

The magnificent seven

Thank you for your articles on the McCaughey septuplets. I truly enjoyed following their progress in "Joy Times Seven" (December), and I continue to pray for their well-being. I was hoping to see their picture on your December cover once again, and I wasn't disappointed.
Colleen Hossler, Madison, IN

If I see one more magazine with a picture of the septuplets on it, I'm going to scream! Enough is enough. "Joy Times Seven" confirms that the kids are cute and a handful, and that they have some physical problems, but how many times can you say the same things over and over?
Mary Jo Evans, Macedon, NY

Proud mother of the bride

To my utter surprise and delight, your photo story "How America Lives" (December) featured my daughter and son-in-law, who distribute food in New York City every Monday night with the Coalition for the Homeless. In keeping with their dedication, when Carolyn and Brian married last April, they asked us to make a donation to the organization in lieu of buying wedding favors. The guests received a card explaining that a gift had been made in their names. I hope that Carolyn and Brian's wonderful example will encourage others to do more as volunteers and to donate to good causes.
Barbara C. Coffey, New York City

To tell the truth

I find it hard to fathom that LHJ would recommend lying to anyone, much less one's closest relatives, as you do on Day 7 of "The Cheater's Christmas Countdown." [The December story suggested making an excuse in order to avoid a long trip to visit a relative during the holidays.] I realize that nationally lying has become politically correct, but do we have to lower the bar at home? Wouldn't it be more appropriate to tell the truth to our families or—heaven forbid—put someone else's pleasure above our own?
Rosemary S. Hatcher, Louisville, KY



The McCaugheys in the holiday spirit

Care bears

I enjoyed "The Baby Rescuer" (First Person, December) very much. It is great to see that there are people out there who care so much for children, as Debbe Magnusen does. My children's local 4-H club has a dress-a-bear contest every year at the county fair. The teddy bears are then given to the Adams County Sheriff's Department to distribute to children in crisis. This might be a way for other youth organizations to support Magnusen's Project Cuddle.
Diane McFadden, Northglenn, CO

Family ties

I feel sorry for the friend of Melinda Marshall's who goes away to the Bahamas for the holidays to escape her visiting relatives ("Tis the Season to Go Crazy," December). I do understand that there are times when one must disassociate oneself from one's family, but as I have learned, you often don't know what you have until it is gone. We have lost a total of 16 family and friends within a three-and-a-half-year span. I would give anything for the visits, the stress of the holidays, even to feel cranky and overtired, just to be able to talk to my parents, brother and friends one more time.
Linda Rumsey, Clifton Park, NY

rants & raves

Automated customer-service phone systems were supposed to make life easier. Instead, we have to push a thousand buttons and wade through endless "phone trees," until the computer finally transfers us to a human being. The kicker is when the machine says, "Please stay on the line—your call is important to us," and leaves us hanging for 20 minutes. How long would they make an "unimportant" caller wait?

—Kim Korby Fraser

Your Chance to Sound Off: Kim Korby Fraser, LHJ's reader service editor, is frustrated by automated phone systems. What's on your mind? Send your rants and raves—and your comments about our articles—to **Letters**, Ladies' Home Journal, 125 Park Avenue, New York, NY 10017, or send an **e-mail** to: lhj@mdp.com. If you want your letter to be considered for publication, please include your name, address and daytime phone number. Letters may be edited for space and clarity.



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ALLEGRA
(fexofenadine hydrochloride)
Capsules and Tablets

INDICATIONS AND USAGE
Seasonal Allergic Rhinitis
ALLEGRA is indicated for the relief of symptoms associated with seasonal allergic rhinitis in adults and children 6 years of age and older. Symptoms treated effectively were sneezing, rhinorrhea, nasal and palate/throat itchy watery red eyes.

Chronic Idiopathic Urticaria
ALLEGRA is indicated for treatment of uncomplicated skin manifestations of chronic idiopathic urticaria in adults and children 6 years of age and older. It significantly reduces pruritus and number of hives.

CONTRAINDICATIONS
ALLEGRA is contraindicated in patients with known hypersensitivity to its ingredients.

PRECAUTIONS
Drug Interaction with Erythromycin and Ketoconazole
Fexofenadine hydrochloride has been shown to exhibit minimal (5%) metabolism. However, co-administration of fexofenadine hydrochloride with ketoconazole and erythromycin led to increased plasma levels of fexofenadine hydrochloride. Fexofenadine hydrochloride had no effect on the pharmacokinetics of erythromycin and ketoconazole. In two separate studies, fexofenadine hydrochloride 120 mg twice daily (two times the recommended twice daily dose) was co-administered with erythromycin 500 mg every 8 hours or ketoconazole 400 mg once daily under steady state conditions to normal healthy volunteers (n=24 each study). No differences in adverse events or QT interval were observed when patients were administered fexofenadine hydrochloride alone or in combination with erythromycin or ketoconazole. The findings of these studies are summarized in the following table:

Effects on steady state fexofenadine hydrochloride pharmacokinetics after 7 days of co-administration with fexofenadine hydrochloride 120 mg every 12 hours (two times the recommended twice daily dose) in normal volunteers (n=24)

Co-administrant Drug	Cmax Peak plasma concentration	AUC(0-τ) Extent of systemic exposure
erythromycin 500 mg every 8 hours	+82%	+109%
ketoconazole 400 mg once daily	+135%	+164%

The changes in plasma levels were within the range of plasma level increases observed in healthy volunteers in a trial. The mechanism of these interactions was evaluated in vitro and in animal models. These studies indicate that ketoconazole and erythromycin each inhibit, in addition, certain enzymes that enhances fexofenadine gastrointestinal absorption. In vivo animal studies also suggest that in addition to increasing absorption, ketoconazole decreases fexofenadine hydrochloride gastrointestinal secretion, while erythromycin may also decrease biliary excretion.

Drug Interactions with Antacids
Administration of 120 mg of fexofenadine hydrochloride 2 x 60 mg tablets within 15 minutes of an aluminum and magnesium hydroxide containing antacid (Maalox®) decreased fexofenadine AUC by 41% and C_{max} by 43%. ALLEGRA should not be taken closely in time with aluminum and magnesium containing antacids.

Carcinogenesis, Mutagenesis, Impairment of Fertility
Neoplastic potential and reproductive toxicity of fexofenadine hydrochloride were assessed using terfenadine studies with adequate fexofenadine hydrochloride exposure (based on plasma area-under-the-concentration vs. time (AUC values). No evidence of carcinogenicity was observed in an 18-month study in mice and a 24-month study in rats at oral doses up to 150 mg/kg of terfenadine (which led to fexofenadine exposures multiples respectively approximately 3 and 5 times the exposure from the maximum recommended daily oral dose of fexofenadine hydrochloride in adults and children).
In vitro (Bacterial Reverse Mutation, CHO/HGPRT Forward Mutation and Rat Lymphocyte Chromosomal Aberration assays) and in vivo (Mouse Bone Marrow Micronucleus assay) tests of fexofenadine hydrochloride revealed no evidence of mutagenicity.
Rat fertility studies dose-related reductions in implants and increases in postimplantation losses were observed at an oral dose of 150 mg/kg of terfenadine (which led to fexofenadine hydrochloride exposures that were approximately 3 times the exposure from the maximum recommended daily oral dose of fexofenadine hydrochloride in adults).

Pregnancy
Teratogenic Effects. Category C. There was no evidence of teratogenicity in rats or rabbits at oral doses of terfenadine up to 300 mg/kg, which led to fexofenadine exposures that were approximately 4 and 31 times, respectively, the exposure from the maximum recommended daily oral dose of fexofenadine in adults). There are no adequate and well-controlled studies in pregnant women. Fexofenadine should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus.
Nonteratogenic Effects. Dose-related decreases in pup weight gain and survival were observed in rats exposed to an oral dose of 300 mg/kg of terfenadine (approximately 3 times the maximum recommended daily oral dose of fexofenadine hydrochloride in adults based on comparison of fexofenadine hydrochloride AUCs).

Nursing Mothers
There are no adequate and well-controlled studies in women during lactation. Because many drugs are excreted in human milk, caution should be exercised when fexofenadine hydrochloride is administered to a nursing woman.

Pediatric Use
The recommended dose in patients 6 to 11 years of age is based on a pharmacokinetic comparison of the pharmacokinetics of ALLEGRA in adult and pediatric patients and on the safety profile of fexofenadine hydrochloride in both adult and pediatric patients at doses equal to or higher than the recommended doses.
The safety of ALLEGRA tablets at a dose of 30 mg twice daily has been demonstrated in 438 pediatric patients 6 to 11 years of age in two placebo-controlled 2-week seasonal allergic rhinitis trials.
The safety of ALLEGRA for the treatment of chronic idiopathic urticaria in patients 6 to 11 years of age is based on cross-study comparison of the pharmacokinetics of ALLEGRA in adult and pediatric patients and on the safety profile of fexofenadine in both adult and pediatric patients at doses equal to or higher than the recommended dose.
The effectiveness of ALLEGRA for the treatment of seasonal allergic rhinitis in patients 6 to 11 years of age was demonstrated in one trial (n=411) in which ALLEGRA tablets 30 mg twice daily significantly reduced total symptom scores compared to placebo, along with extrapolation of demonstrated efficacy in patients ages 12 years and above and the pharmacokinetic comparisons in adults and children. The effectiveness of ALLEGRA for the treatment of chronic idiopathic urticaria in patients 6 to 11 years of age is based on an extrapolation of the demonstrated efficacy of ALLEGRA in adults with this condition and the likelihood that the disease course, pathophysiology and the drug's effect are substantially similar in children to that of adult patients.
The safety and effectiveness of ALLEGRA in pediatric patients under 6 years of age have not been established.

Geriatric Use
Clinical studies of ALLEGRA tablets and capsules did not include sufficient numbers of subjects aged 65 years and over to determine whether this population responds differently from younger patients. Other reported clinical experience has not identified differences in responses between the geriatric and younger patients. This drug is known to be substantially excreted by the kidney, and the risk of toxic reactions to this drug may be greater in patients with impaired renal function. Because elderly patients are more likely to have decreased renal function, care should be taken in dose selection, and may be useful to monitor renal function. (See CLINICAL PHARMACOLOGY.)

ADVERSE REACTIONS
Seasonal Allergic Rhinitis
Adults. In placebo-controlled seasonal allergic rhinitis clinical trials of patients 12 years of age and older, which included 2461 patients receiving fexofenadine hydrochloride capsules at doses of 20 mg to 240 mg twice daily, adverse events were similar in fexofenadine hydrochloride and placebo-treated patients. All adverse events that were reported by greater than 1% of patients who received the recommended daily dose of fexofenadine hydrochloride (60 mg capsules twice daily) and that were more common with fexofenadine hydrochloride than placebo are listed in Table 1.
In a placebo-controlled clinical study in the United States which included 570 patients aged 12 years and older receiving fexofenadine hydrochloride tablets at doses of 120 or 180 mg once daily, adverse events were similar in fexofenadine hydrochloride and placebo-treated patients. Table 1 also lists adverse experiences that were reported by greater than 2% of patients treated with fexofenadine hydrochloride tablets at doses of 180 mg once daily and that were more common with fexofenadine hydrochloride than placebo.
The incidence of adverse events, including drowsiness, was not dose-related and was similar across subgroups defined by age, gender and race.

Table 1
Adverse experiences in patients ages 12 years and older reported in placebo-controlled seasonal allergic rhinitis clinical trials in the United States
Twice daily dosing with fexofenadine capsules at rates of greater than 1%

Adverse experience	Fexofenadine 60 mg Twice Daily (n=679)	Placebo Twice Daily (n=671)
Viral Infection (cold, flu)	2.5%	1.5%
Nausea	1.6%	1.5%
Dysmenorrhea	1.5%	0.3%
Drowsiness	1.3%	0.9%
Dyspepsia	1.3%	0.6%
Fatigue	1.3%	0.9%

Once daily dosing with fexofenadine hydrochloride tablets at rates of greater than 2%

Adverse experience	Fexofenadine 180 mg once daily (n=283)	Placebo (n=293)
Headache	10.6%	7.5%
Upper Respiratory Tract Infection	3.2%	3.1%
Back Pain	2.8%	1.4%

The frequency and magnitude of laboratory abnormalities were similar in fexofenadine hydrochloride and placebo-treated patients.
Pediatric. Table 2 lists adverse experiences in patients aged 6 to 11 years of age which were reported by greater than 2% of patients treated with fexofenadine hydrochloride tablets at a dose of 30 mg twice daily in placebo-controlled seasonal allergic rhinitis studies in the United States and Canada that were more common with fexofenadine hydrochloride than placebo.

Table 2
Adverse experiences reported in placebo-controlled seasonal allergic rhinitis studies in pediatric patients ages 6 to 11 in the United States and Canada at rates of greater than 2%

Adverse experience	Fexofenadine 30 mg twice daily (n=209)	Placebo (n=229)
Headache	7.2%	6.6%
Accidental Injury	2.9%	1.3%
Coughing	3.8%	1.3%
Fever	2.4%	0.9%
Pain	2.4%	0.4%
Otitis Media	2.4%	0.0%
Upper Respiratory Tract Infection	4.3%	1.7%

Chronic Idiopathic Urticaria
Adverse events reported by patients 12 years of age and older in placebo-controlled chronic idiopathic urticaria studies were similar to those reported in placebo-controlled seasonal allergic rhinitis studies. In placebo-controlled chronic idiopathic urticaria clinical trials, which included 726 patients 12 years of age and older receiving fexofenadine hydrochloride tablets at doses of 20 to 240 mg twice daily, adverse events were similar in fexofenadine hydrochloride and placebo-treated patients. Table 3 lists adverse experiences in patients aged 12 years and older which were reported by greater than 2% of patients treated with fexofenadine hydrochloride 60 mg tablets twice daily in controlled clinical studies in the United States and Canada and that were more common with fexofenadine hydrochloride than placebo. The safety of fexofenadine hydrochloride in the treatment of chronic idiopathic urticaria in pediatric patients 6 to 11 years of age is based on the safety profile of fexofenadine hydrochloride in adults and adolescent patients at doses equal to or higher than the recommended dose (see Pediatric Use).

Table 3
Adverse experiences reported in patients 12 years and older in placebo-controlled chronic idiopathic urticaria studies in the United States and Canada at rates of greater than 2%

Adverse experience	Fexofenadine 60 mg twice daily (n=186)	Placebo (n=178)
Back Pain	2.2%	1.1%
Sinusitis	2.2%	1.1%
Dizziness	2.2%	0.6%
Drowsiness	2.2%	0.0%

OVERDOSAGE
Reports of fexofenadine hydrochloride overdose have been infrequent and contain limited information. However, dizziness, drowsiness, and dry mouth have been reported. Single doses of fexofenadine hydrochloride up to 800 mg (six normal volunteers at this dose level) and doses up to 690 mg twice daily for 1 month (three normal volunteers at this dose level) or 240 mg once daily for 1 year (234 normal volunteers at this dose level) were administered without the development of clinically significant adverse events as compared to placebo.
In the event of overdose, consider standard measures to remove any unabsorbed drug. Symptomatic and supportive treatment is recommended.
Hemodialysis did not effectively remove fexofenadine hydrochloride from blood (1.7% removed) following terfenadine administration.
No deaths occurred at oral doses of fexofenadine hydrochloride up to 5000 mg/kg in mice (110 times the maximum recommended daily oral dose in adults and 200 times the maximum recommended daily oral dose in children based on mg/m^2) and up to 5000 mg/kg in rats (230 times the maximum recommended daily oral dose in adults and 400 times the maximum recommended daily oral dose in children based on mg/m^2). Additionally, no clinical signs of toxicity or gross pathological findings were observed. In dogs, no evidence of toxicity was observed at oral doses up to 2000 mg/kg (300 times the maximum recommended daily oral dose in adults and 530 times the maximum recommended daily oral dose in children based on mg/m^2).

Prescribing Information as of February 2000
Aventis Pharmaceuticals Inc
(formerly Hoechst Marion Roussel, Inc)
Kansas City, MO 64137 USA
US Patents 4,254,129; 5,375,693; 5,578,610
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your letters

Moms with a mission



Moms march against gun

Thank you for your column on the Million Mom March (January Journal). It was especially well-timed, because in Michigan, where I live, a bill was recently passed that would allow just about anyone over 21 to carry a concealed weapon legally. Our state is predicting this will result in an increase of 200,000 new concealed-weapon permits. Being a part of the Million Mom group has given me a voice to work for the safety of my children.
Diane Margolis-Baum, West Bloomfield, MI

Another nurse speaks out

Cherlynn Mathias ("The Nurse Who Knew Too Muc January) is to be congratulated for doing what her c science told her to do. She may have saved thousands lives [by blowing the whistle on a risky medical study] too, am a nurse who has seen so much, and I thank G that there are people out there like her.
Cynthia J. Schmer, R.N., Islamorada, FL

The secret risk factor

I was glad to read "Ever Had a C-Section?" (January), a hope it gives knowledge to women like me who were fected with hepatitis C through a blood transfusion. I ceived a liver transplant in January 1991, but I still ha the virus. I am thankful for the organ-donor program, support group and your informative article.
Betty Castle, Centerville, OH

The right doctor

Thank you for sharing my story, "Three Sisters, One Ba (January). I want to clarify the statement, "The doct were baffled that I would put [having a baby] over tr ment." I would never have compromised my health to h a child. I chose my oncologist because of his incredi competence in treating chronic myeloid leukemia and wonderful ability to listen to my concerns. I cannot str enough the importance of choosing the right doctor. A although my sister, Kara, developed a very slight infect after donating the bone marrow that would help cure m she would do it again in a heartbeat. It is an amazing th to save someone's life, and I would encourage everyon be on the National Registry for Bone Marrow Donation.
Alicia Hermo-Weaver, Westfield, NJ

To volunteer to be a donor, call the National Marrow Donor Program at 800-627-7692.

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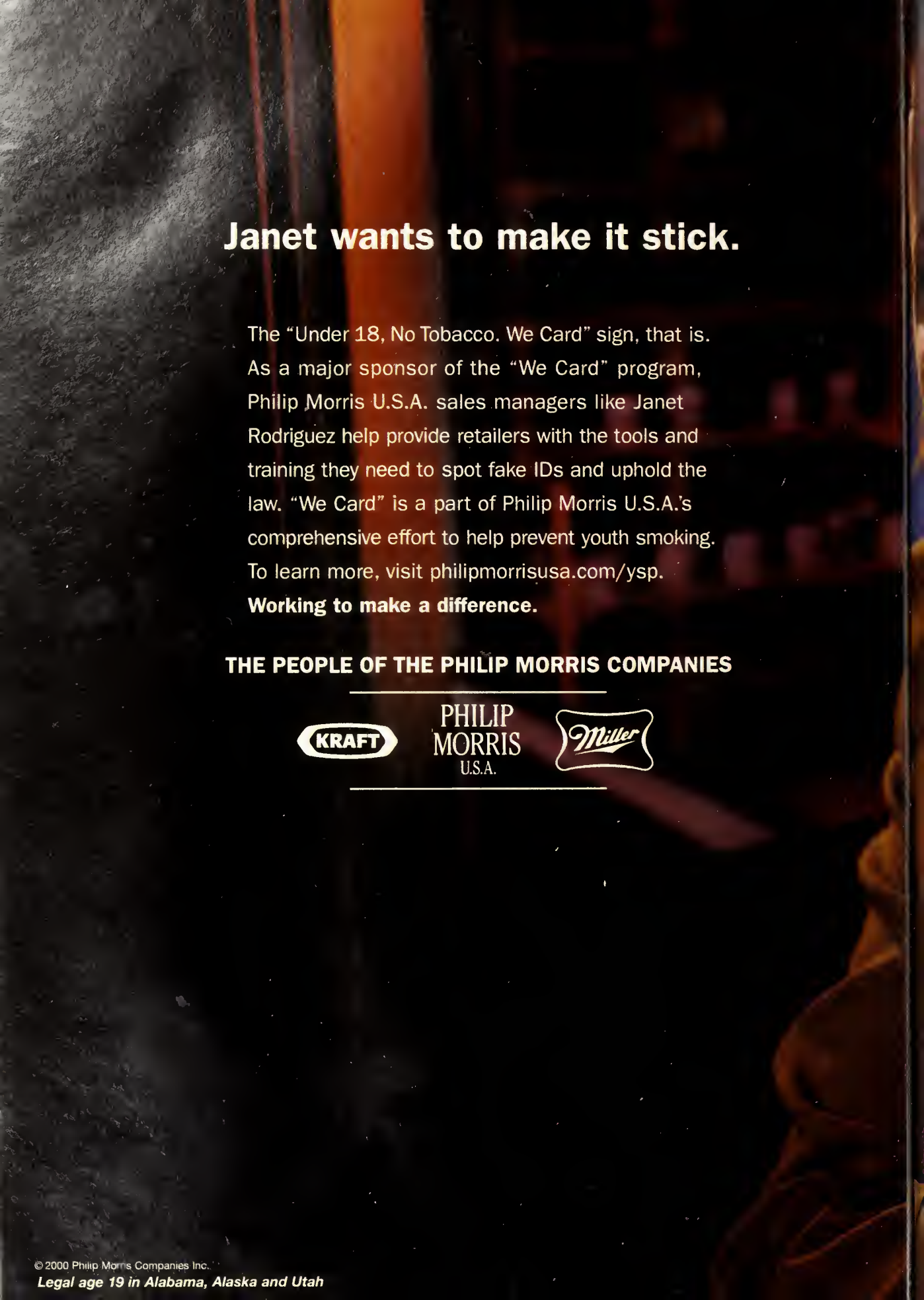
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april file

The third week in April is every man's fantasy and every woman's excuse to don lace: **National Lingerie Week**. In a recent Harlequin Romance report, 68 percent of women said they wore sexy lingerie to please themselves—but 72 percent said gifts of lingerie from a man are often self-serving. No matter who's actually buying the stuff, in 1999, the fashion industry boasted $12 billion in sales of undergarments—twice what it was in 1987. . . . If you count up all the money *Titanic* made after its **Oscar**-night victory in 1997 and divide it by the film's 11 awards, each little statue was worth $24 million. . . . This year, the ninth annual **Take Our Daughters to Work Day** on April 26 will focus on women and technology. (Bet she can make your Palm Pilot do more than you can.) For more information on the event, sponsored by the Ms. Foundation for Women, and a list of activities in your area, check out *www.takeourdaughterstowork.org* or call 800-676-7780. . . .



Environmentalists' concerns about the new administration and this year's power shortages in California could focus extra attention on **Earth Day** (April 22). An outgrowth of 1960s-style activism, it was first observed more than 30 years ago with an estimated 20 million Americans who participated in teach-ins and rallies. For information on this year's activities and tips on preserving the environment, log on to *www.earthday.net*.





Vintage advantage

Call it a triumph of taste over excess—vintage clothing is hot. Made popular by celebrity style setters Julia Roberts and Winona Ryder (left, in a Pauline Trigère classic), vintage apparel can now be found at upscale department stores like Barneys and Henri Bendel. And designers Anna Sui and Marc Jacobs are using vintage looks as inspiration for their new lines. "You can definitely see these clothes all over the country," says Ann E. Berman, co-author of *Vintage Style: Buying and Wearing Classic Vintage Clothes* (HarperCollins, $40). Web sites, including eBay, are even making vintage shopping available at home.

No matter your budget, you can be part of the craze. Pucci dresses and Gucci bags often find their way onto the shelves and racks of thrift shops, where prices can range from a few dollars for a chic sweater set to hundreds for a designer dress.

The trend reflects the growing confidence American women feel in putting together a wardrobe. Indeed, a recent Roper survey found that 27 percent of women relied on no outside source for fashion advice (up from 20 percent in the late 1980s). Vintage retailers say women enjoy a shopping foray that allows them to be creative. "Women are becoming more innovative," says Katy Rodriguez, co-owner of Resurrection, vintage boutiques in New York and Los Angeles and in Bendel's. One big advantage of vintage is that "you can find things that flatter almost any figure," says Berman.

"Classic clothes," she adds, are timeless in design and material—and always in vogue.

Oscar Accessories

Every woman knows the importance of accessories—sexy shoes, stunning jewelry, a handsome guy. Can you guess which star goes with these accessories?



1. Celine Dion 2. Cher 3. Goldie Hawn 4. Jennifer Aniston 5. Rachel Griffiths 6. Cate Blanchett

OSCAR EATS

What's an Oscar party without a dash of Hollywood? For years, chef Wolfgang Puck, of Spago Beverly Hills, has been tempting star palates at the top Academy Awards–night galas. If you'd like to serve your own versions of the dishes that had last year's Oscar attendees smacking their lips, try something from Puck's menu for the awards' must-attend party, the prestigious Governor's Ball.

Tray-Passed Hors D' Oeuvres

Raasted New Patataes with Caviar

Chinais Vegetable Spring Ralls with Apricat Mustard Sauce

Tempura Shrimp with Wasabi Glaze

Pizza with Smaked Salman and Dill Cream

Spicy Tuna Tartare in a Sesame Seed Cane

Grilled Chicken Satay with Thai Peanut Sauce

Grilled Beef Satay with Thai Peanut Sauce

Appetizer Platter

Marinated Labster Salad

Asparagus with Orange Mustard

Tuna Tataki with Wasabi Cream

Parmesan Breadsticks Wrapped with Prasciutta

Smaked Salman an Oscar Matza

Entrée

Raasted Chicken Breast with Wild Mushraam Risatta and Black Truffles, Baby Carrats and Sweet Peas

Dessert Platter

Gingerbread Macaraans

Hand-Dipped Espressa Chacalates

Oscars' Odd Jobs

There's another show on Oscar night—one that keeps what viewers see on TV running so seamlessly. Here's a look at the jobs that ensure the stars are ready for their close-ups. **Rug Rollers.** A week before the Academy Awards, a six-person team snips a 14,000-square-foot red carpet to cover areas around Los Angeles' Shrine Auditorium. The biggest nightmare? Rain. One year, "it caused the ladies' high heels to get soggy," says team leader Tony Neely. **Escorts.** From the limo to the carpet, to the stage to the breast-feeding room (needed by Leeza Gibbons one year), celebrities are escorted by film-company and other publicists selected by Bethlyn Hand, of the Motion Picture Association. Hand doesn't tolerate star-gazing. **Trophy Girls.** Landing this job is a dream come true for unknown models and actresses, who turn out in droves to compete each year. (Pam Grier and Victoria Principal once carried the statuettes onstage.) The job requires more than a pretty face: Trophy girls must direct celebs offstage without getting too close for comfort. **Seat Fillers.** When the stars go up to present awards, these men and women get to sit in their seats (so the house will look full when the cameras pan the audience). Oscars' seat fillers (who aren't paid) must be employed by the network or the Academy's hired legal and accounting firms. **Drivers.** About 1,100 limos are herded through the drop-off area in perfect precision, thanks to the work of Joel Groves, who's headed the Academy's limo coordination for the past nine years. Afterward, drivers wait in a parking lot, indulging in a buffet dinner while catching the awards on big-screen TVs. One year, a driver slept off his big meal while Richard Gere and Cindy Crawford stood limo-less for nearly an hour.



Seat filler: Jackie Stathis on call



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That's "administrative professional" to you



Soyanara, secretaries. This month, Administrative Professianals Day (April 25) morks its first anniversory; it hod been knawn os Secretaries Day. The new name is nat only a nod to the reality of taday's workploce, but it is helping to ease o dilemmo bosses have faced since the term secretory started falling aut of fashian in the 1970s. "Secretories are aften stereatyped os typists or clerical workers, but the truth is most are taking on greater rales in todoy's offices," soys Candy Doniels, president of the Internatianal Assaciotian af Administrative Professionols. With on estimoted 3 millian secretaries and odministrotive assistonts in the U.S., even the venerable Hallmark is getting in sync with the times. Twenty-five percent of its cords will naw use the term "administrotive professional" in conjunction with this month's affice haliday; 20 percent will retain "secretary"; and 55 percent will be title-neutral, using such phrases os "ca-warker."

the new new thing



While black-ond-white phatagraphy is never out of style, it's bock in o big, big way. Phatagraphy con lend o new paint of view ta any decor. And in these cost-conscious times, it offers on offordoble way ta bring originol ortwark ta any room in your hame. Visit *www.visuolize.cam* ta chaase from o variety af prints. (And you con be as creative and colorful as you wish with yaur choice af mattings and frames.)

the giving spirit

Diane Rad and her daughter, Christina Westfall, weren't content to sit by when a 12-year-old relative, Angelina, lost her hair after being treated for brain cancer. They created Angel Locks, Inc., a nonprofit organization that provides wigs to children suffering from hair loss due to chemotherapy, leukemia, alopecia and burns. The North Arlington, New Jersey–based duo hoped to distinguish themselves from similar organizations that provide for only cancer patients. "It's devastating for any child to lose his or her hair, no matter the reason," says Rad. With the help of hospitals, financially needy parents of hair-loss victims are able to obtain a wig chosen from a catalog. "It's important that the children pick out their own," says Rad. (For details about donations, contact Angel Locks, Inc., P.O. Box 7116, North Arlington, NJ 07031; 201-246-7979; *www.angellocks.org*.)



street smarts

Hot pants: still hot?

After a brief appearance in the late '60s, hot pants are showing up this spring. We asked three women to wear the mini-est of short shorts for a night on the town. The surprising results:

"I felt like one of Charlie's Angels! They leave almost nothing to the imagination. A few guys even gave me their phone numbers without my asking!" *—Maggie Welter, 26, TV producer, Los Angeles*



"At first, I thought I'd be uncomfortable, but I felt sexy and daring. To cut the trashy edge, I opted for a cashmere sweater and suede boots." *—Soo-Jeong Kang, 35, LHJ photo editor, New York City*

"When I first saw them, I thought, Hello, Daisy Dukes! They looked a little too flashy. But once I tried them on, I thought they were so cute—and completely figure-flattering! My husband even complimented my new look!" *—Michelle Barnwell, 34, business co-owner, Polk City, IA*

Reported by Jennifer Hoppe, Christina Orlovsky, Christina Sciammacco, Melinda Leader, Meredith Franco, Francesca Di Meglio, Dominique Andrews and Meredith Perez


looks like someone's
feeling better already
Hard to believe one of these guys woke up with a cold this morning.
But not to worry, there's Tylenol Cold for adults and Children's Tylenol Cold for your little ones.
Each with the proven, trusted relief of Tylenol.
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take comfort in our strength
nol.com

For the star of a new TV comedy, being funny isn't always a laugh a minute

Joan Cusack



Fans know her to be a cutup, but, the actress says, "I am not a wacky person"

After a pair of Oscar nominations and two decades of memorable film roles, Joan Cusack is taking the lead in her own sitcom. Comedy and Cusack have gone hand in hand for much of her career. Fans recall Cusack's madcap race to get a video to her boss in *Broadcast News*; her Queens twang as a New York City working girl (in *Working Girl*) when she came upon an expensive dress in Sigourney Weaver's closet and intoned, "And it's not even *leatha*"; or how, as the jilted bride of *In and Out*, she went running into the street in her wedding dress, looking for a date. But for all the wacky roles she's played, Cusack insists, "I'm not a wacky person."

Growing up in an acting family—including younger brother John (*High Fidelity*)—in suburban Chicago, Cusack continues to make the Windy City her home and tapes her show there. That keeps her near husband Richard Burke, an attorney, and their two sons, 3-year-old Dylan and 1-year-old Miles.

How did the TV show come together?

I originally went to James L. Brooks [*Broadcast News*, *As Good As It Gets*], and he'd been working for a couple of years with Gwen Macsai [the NPR commentator whose book *Lipschtick* was an inspiration for the show]. It turned out she went to the same high school in Evanston, Illinois, as I did, and it was so odd that we were both very pregnant when we discussed the show. It was a great match.

Tell us a bit about your show and the cast.

The show is about "Joan's" relationships with her serious boyfriend [Kyle Chandler of *Early Edition*] and her best friends and colleagues [Tony-winner Donna Murphy; Jessica Hecht, who had a recurring role in *Friends*; Wally Langham of *The Larry Sanders Show*]. They're such warm people, too. There's not a diva or a weirdo anywhere.

Will any of your siblings appear on the show?

My older sister, Ann, played my older sister. And my younger sister, Susie, writes for the show.

What about your brother, John?

I'm sure I'll try to rope him in at some point.

With the new sitcom and all the comedies you've been in, do people just expect you to be funny all the time in real life?

Sometimes they do. I have many sides to me, like everyone else does, but I've always felt more like an actor than a [comedienne]. I don't often think of myself as a funny person. I'm actually kind of a serious person.

Do you see the comedy gene in your kids?

It's something I hope they have. I think laughing is a great part of life. The kids are incredibly funny.

What's the trade-off of living in Chicago versus Los Angeles?

I work a little bit harder when I go out to Los Angeles, to make sure I meet with different people [in the business]. Or if there is some event, I go so people will remember me. The trade-off is I have a normal life, and that's priceless.

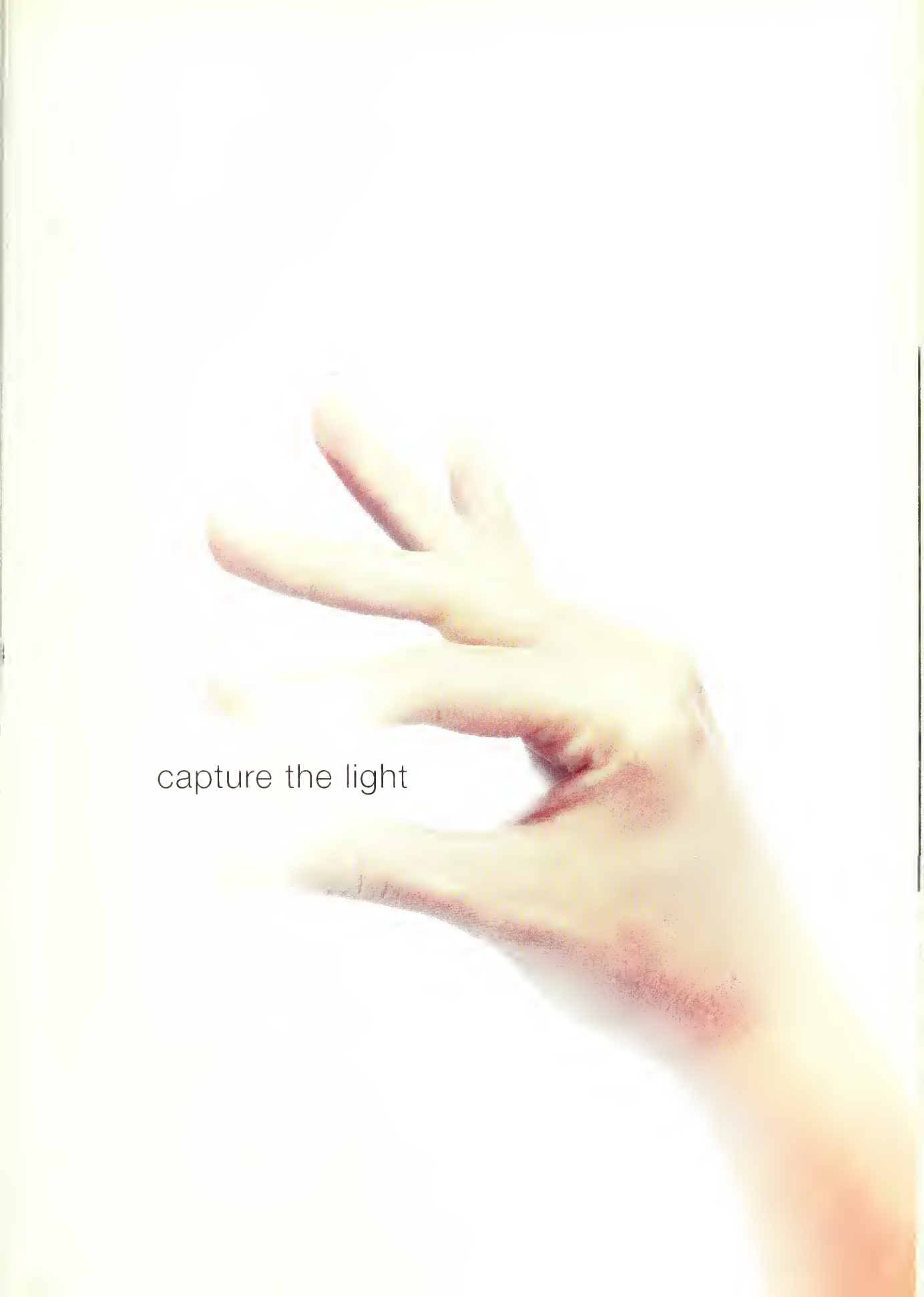
Does putting your family first limit your professional opportunities?

Perhaps you're not going to take a job that films in Morocco for four months because you would need to leave your husband and take your children out of school. I'd love to go to Morocco sometime, but I personally think the ordinary things in life are the extraordinary things. My relationships with my family and friends, my work and my community—they are the things that are the most fun and rewarding.

Do you have any films or other projects in the works?

No, I'm concentrating on the show. I'm working really hard, even though you just never know when something will hit or not. But I want to have tried my hardest so I can always say that I did.

—Todd Savage


capture the light


capture the glow

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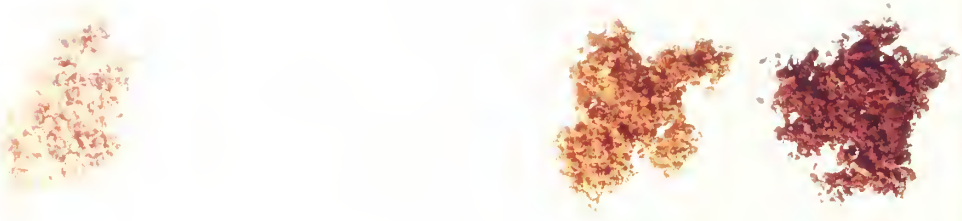




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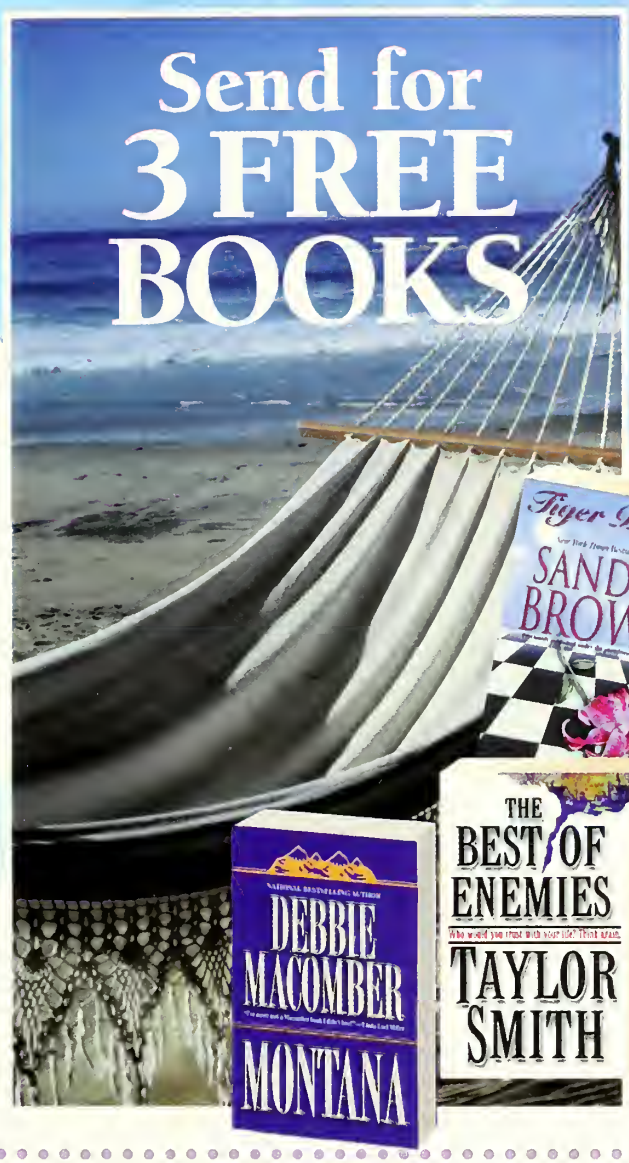
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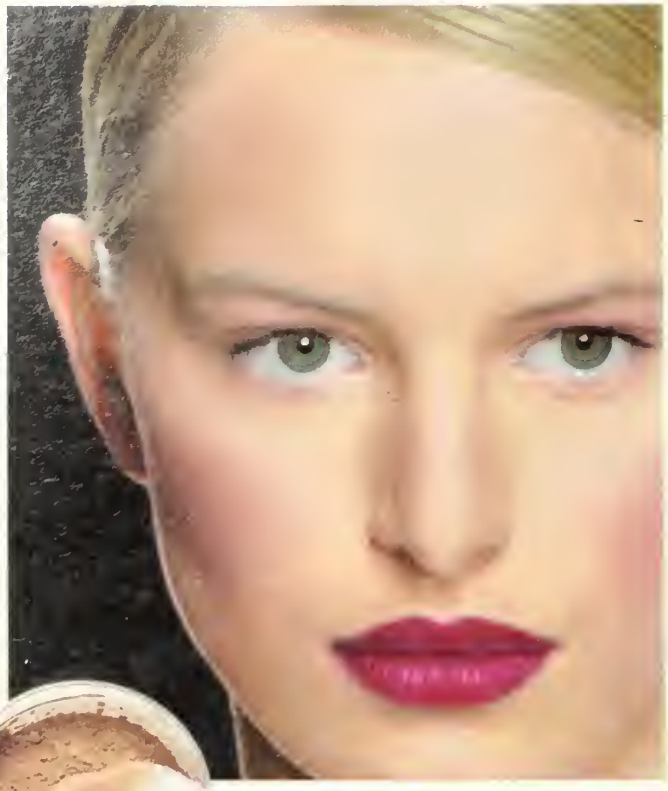
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on trend: luscious lips

Spring's hottest beauty accessory is a new lipstick, and the latest formulas do more than give you a pretty pout. Revlon Absolutely Fabulous LipCream ($9.50) contains sheer pigments for lasting color that won't dry lips. Cover Girl Outlast All-Day Lipcolor ($9.50), with its oil- and water-resistant polymers, promises that you can sip your coffee without having to retouch your color. Olay Total Effects Full Treatment Lipcolor + VitaNiacin SPF 15 ($9.75) moisturizes lips for up to six hours, and its special vitamin B complex gently exfoliates to prevent flaking.



Bargain beauty

Doing double duty, Naturistics Naturally Matte Oil-Control Loose Powder ($3.95) defines the word deal. Natural oil-absorbers—rice starch and oat flour—blot shine; marigold extract soothes and conditions skin.

NO PROBLEM: Post-acne red marks
That pimple is gone, but you've been left with a red spot in its place? According to Lisa Airan, M.D., clinical instructor in dermatology at Mount Sinai Hospital, in New York City, post-acne redness can last a few weeks to a few months. **The solution:** Take cover with an anti-acne foundation, such as Neutrogena SkinClearing Oil-Free Makeup with salicylic acid ($12). Forgo bleaching creams, which are intended to lighten brown spots and freckles. A pulsed dye laser can zap a red spot, but it's expensive, from $100 to $500 per treatment; two or three treatments may be needed. To prevent the problem in the future, don't pick at a blemish; also, ask your dermatologist about a cortisone injection to help reduce inflammation.

FAB FIND
Everything's coming up roses for hair accessories this spring. The prettiest of the bunch ore from Echo. Designed to hold ponytoils ond chignons in ploce, these petal-perfect fabric roses olso look greot pinned onto your favorite sweoter. Prices range from $22 for silk-satin blooms, to $38 for oversized silk-organza roses.



CELEB PICK After a long day on the movie set, Liv Tyler soothes achy muscles by sooking in a tub laced with Get Fresh Spa R_x Mineral Both Treatment in Mustord & Honey ($9.50). Mustord eases minor soreness by gently increasing blood flow and stimuloting sweat glands. Honey, o naturol moisturizer, works to soften dry skin.





How old will you be when you stop feeling 29?

Dove Nutrium Age-Defying Body Wash helps your skin look and feel as young as you do. One side contains a gentle cleanser, the other a replenishing lotion with anti-oxidants and vitamins. Together, they improve tone and texture, leaving your skin feeling young to the touch. www.dove.com

Dove
NUTRIUM

nail call

Hands down, these pro nail-care tips and tricks will give you a perfect 10 By Carol Straley



What's New in Nailcolor:

Pastels and bright shades plus treatment benefits

Almay Organic Fluoride Plus Grow Healthy Nail Color ($3.95) is a boon to hard-to-grow nails. Organic fluoride, enriched with calcium, aloe and panthenol forms a watertight shield on the nail surface. We love Sheer Blush, a pale pink.

Revlon Super Top Speed ($5.15) dries in 60 seconds flat—30 seconds faster than most quick-drying formulas. Our favorite shade: Zippy, a bright rose.

Cover Girl NailSlicks ($2.50) is formulated with a built-in base coat and top coat—one bottle does it all. Go for Grape Ice, a cool violet shade.

Avon Nailwear Nail Enamel ($3.95) gives you chip-resistant color that stays glossy, too. Our pick: Ladylike, a sunny coral-pink.

Manicure makeover

If you're never quite happy with your at-home monicure, don't blame your skills with the brush. Top manicurist Eugenya Viner, of the Aida Thibiant Salon, in Beverly Hills, California, says that the condition of your nails and cuticles makes all the difference. The most common manicure mistakes to avoid:

Mistake #1 Filing nails in the wrong direction. Sawing back and forth with your emery board and going too deep into the corners can split and weaken nails. The fix: Holding a fine emery board at a slight angle to the nail, file from left corner to center for a few strokes, then from right corner to center. Smooth with a fine metal file.

Mistake #2 Neglecting cuticles. Rough, ragged cuticles can lead to painful hangnails. The fix: Brush cuticles with a rich oil after your morning shower and before bed. Let oil soak in for a minute or two, then rub into cuticle. "Oil penetrates better than hand cream," says Viner.

Mistake #3 Cutting cuticles. Nipping away at your cuticles invites the risk of infection. (Your cuticles act as a barrier against bacteria.) The fix: In the shower, gently push back cuticles with a washcloth (the steamy water helps soften them).



Mistake #4 Skipping base coat. Polish on bare nails can dry out the nail plate; and without a base coat, dark shades can stain nails or leave them yellow. The fix: Brush a moisturizing base coat on clean, dry nails; let the base coat dry for o few seconds before applying polish.

Mistake #5 Leaving polish on too long. This, as well as too many layers of polish, dehydrates nails. And once polish begins to chip, it can peel away a superficial layer of the nail, too. The fix: Remove polish after five days; wash hands to rinse away remover, which can also be drying.

CUTICLE CURES

Manicurists agree that beautiful nails start with daily TLC for your cuticles. Here, three products that pamper.

- **Almay Organic Fluoride Plus Well-Groomed Cuticle Scrub ($6.95)** is a cleansing gel that helps to soften hard, dry cuticles. Tiny jojoba beads in the formula act as gentle skin buffers.
- **Sally Hansen Get Healthy Nails & Cuticles Multi-Vitamin Crème ($6.95)** with vitamin C, pro vitamin B and protein hydrates cuticles and strengthens nails in one step. (Massaging the cream into nails revs up circulation, and is said to help improve rate of nail growth.)
- **OPI Avoplex Nail & Cuticle Replenishing Oil ($10.95)** is rich with avocado oil, a natural skin smoother; oil seals in moisture.



grrr..

queen of the jungle

Ambition

barefoot and happy

Genuine

IOW DO YOU FEEL TODAY?

my glasses are rose-tinted

Optimism



1 P&G

the belt way

Updating your wardrobe is a cinch this spring with these trendy waist whittlers



Skinny belts fit the loops on dress pants and inject a shot of style into workday clothes. From top: streamlined silver, from Stephane Kelian, $125; a double-wrapper from WCM, $70; rhinestones and leather, Fossil, $24; gold rush from CK, $30; pretty in pink, Fossil, $16.



With details from the '70s and '80s, these belts are back-to-the-future fun for a night out or just hanging out. Clockwise from top left: Streets Ahead, $108; Avignon International, $72; Streets Ahead, $48; Joomi Joolz, $75; Streets Ahead, $213.



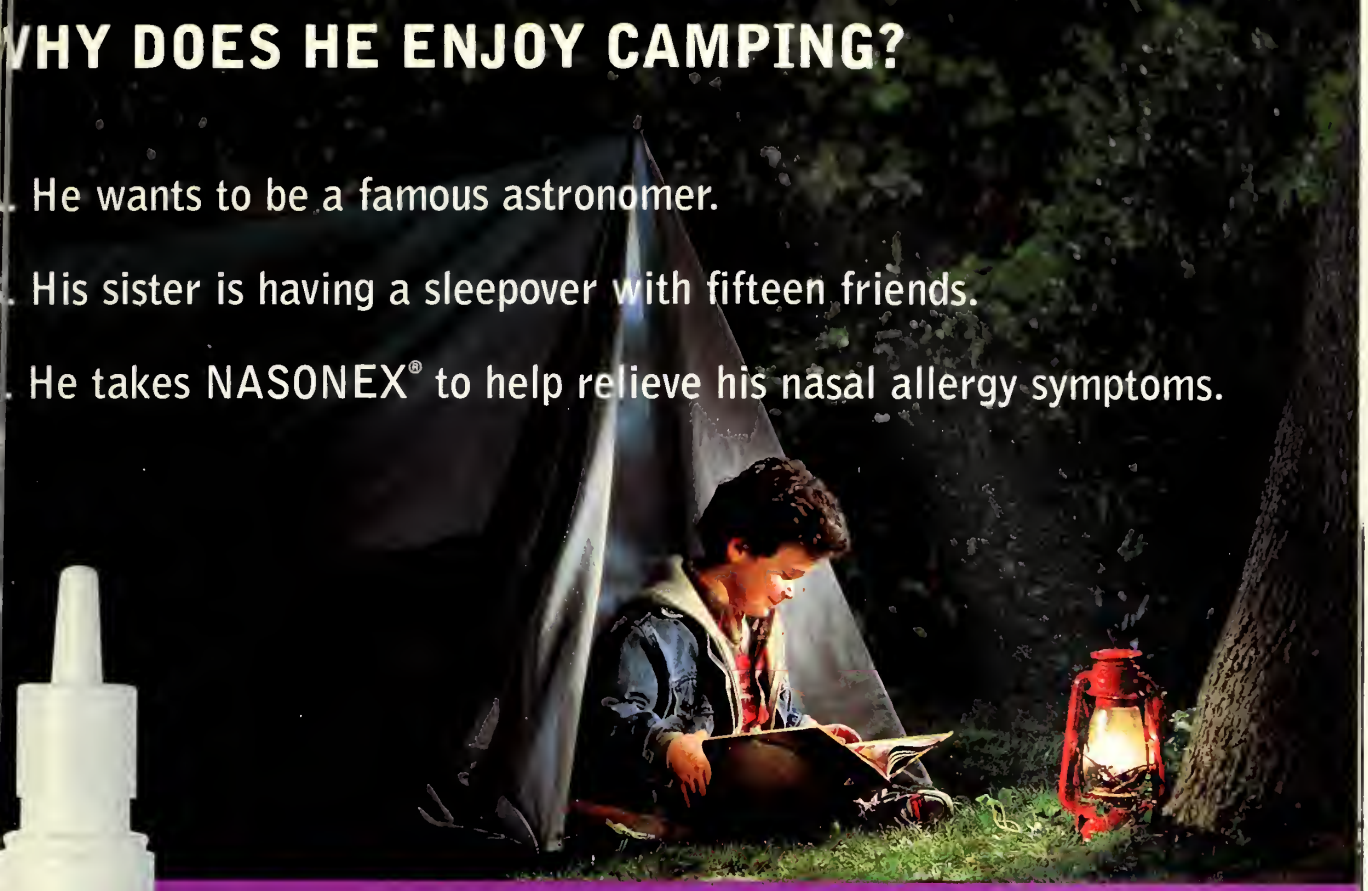
Buckle up a new look for the clothes already in your closet: If you're a black, beige and gray girl, a belt lets you try out a bold color in a small dose. Love your little black dress but feel like you've worn it one too many times? Throw on a low-slung hip belt. And, there's no better way to show off a new svelte shape than with a superwide cincher.



Jazz up your favorite jeans with these chains of cool. From top: Wear your heart on your waist (Joomi Joolz, $60); perfect for a pearl girl (Prestige Leather, $18); go glam with rhinestones (Casual Corner, $30); hoop it up in gold (Avignon International, $62).

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FOR INTRANASAL USE ONLY

*calculated on the anhydrous basis

BRIEF SUMMARY (For Full Prescribing Information, see package insert.)
INDICATIONS AND USAGE NASONEX Nasal Spray, 50 mcg is indicated for the treatment of the nasal symptoms of seasonal allergic and perennial allergic rhinitis in adults and pediatric patients 3 years of age and older. NASONEX Nasal Spray, 50 mcg is indicated for the prophylaxis of the nasal symptoms of seasonal allergic rhinitis in adult and adolescent patients 12 years and older who have a history with a known seasonal allergen that precipitates symptoms of seasonal allergic rhinitis. Initiation of prophylaxis with NASONEX Nasal Spray 50 mcg is recommended 2 to 4 weeks prior to the anticipated start of the pollen season. Safety and effectiveness of NASONEX Nasal Spray, 50 mcg in pediatric patients less than 3 years of age have not been established.
CONTRAINDICATIONS Hypersensitivity to any of the ingredients of this preparation is contraindicates its use.
WARNINGS The replacement of a systemic corticosteroid with a topical corticosteroid can be accompanied by signs of adrenal insufficiency and, in addition, some patients may experience symptoms of withdrawal, ie, joint and/or muscular pain lassitude and depression. Careful attention must be given when patients previously treated for prolonged periods with systemic corticosteroids are transferred to topical corticosteroids, with careful monitoring for acute adrenal insufficiency in response to stress. This is particularly important in those patients who have associated asthma or other clinical conditions where too rapid a decrease in systemic corticosteroid dosing may cause a severe exacerbation of their symptoms.
If recommended doses of intranasal corticosteroids are exceeded or if individuals are particularly sensitive or predisposed by virtue of recent systemic steroid therapy, symptoms of hypercorticism may occur, including very rare cases of menstrual irregularities, acneiform lesions, and cushingoid features. If such changes occur, topical corticosteroids should be discontinued slowly, consistent with accepted procedures for discontinuing oral steroid therapy.
Persons who are on drugs which suppress the immune system are more susceptible to infections than healthy individuals. Chickenpox and measles, for example, can have a more serious or even fatal course in nonimmune children or adults on corticosteroids. In such children or adults who have not had these diseases, particular care should be taken to avoid exposure. How the dose, route, and duration of corticosteroid administration affects the risk of developing a disseminated infection is not known. The contribution of the underlying disease and/or prior corticosteroid treatment to the risk is also not known. If exposed to chickenpox, prophylaxis with varicella zoster immune globin (VZIG) may be indicated. If exposed to measles, prophylaxis with pooled intramuscular immunoglobulin (IG) may be indicated. (See the respective package inserts for complete VZIG and IG prescribing information.) If chickenpox develops, treatment with antiviral agents may be considered.
PRECAUTIONS General: Intranasal corticosteroids may cause a reduction in growth velocity when administered to pediatric patients (see **PRECAUTIONS, Pediatric Use** section). In clinical studies with NASONEX Nasal Spray, 50 mcg, the development of localized infections of the nose and pharynx with *Candida albicans* has occurred only rarely. When such an infection develops, use of NASONEX Nasal Spray, 50 mcg should be discontinued and appropriate local or systemic therapy instituted, if needed.
Nasal corticosteroids should be used with caution, if at all, in patients with active or quiescent tuberculous infection of the respiratory tract, or in untreated fungal, bacterial, systemic viral infections, or ocular herpes simplex.
Rarely, immediate hypersensitivity reactions may occur after the intranasal administration of mometasone furoate monohydrate. Extreme rare instances of wheezing have been reported.
Rare instances of nasal septum perforation and increased intraocular pressure have also been reported following the intranasal application of aerosolized corticosteroids. As with any long-term topical treatment of the nasal cavity, patients using NASONEX Nasal Spray, 50 mcg over several months or longer should be examined periodically for possible changes in the nasal mucosa.
Because of the inhibitory effect of corticosteroids on wound healing, patients who have experienced recent nasal septum ulcers, nasal surgery, or nasal trauma should not use a nasal corticosteroid until healing has occurred.
Glaucoma and cataract formation was evaluated in one controlled study of 12 weeks' duration and one uncontrolled study of 12 months' duration in patients treated with NASONEX Nasal Spray, 50 mcg at 200 mcg/day, using intraocular pressure measurements and slit lamp examination. No significant change from baseline was noted in the mean intraocular pressure measurements for the 141 NASONEX-treated patients in the 12-week study, as compared with 141 placebo-treated patients. No individual NASONEX-treated patient was noted to have developed a significant elevation in intraocular pressure or cataracts in this 12-week study. Likewise, no significant change from baseline was noted in the mean intraocular pressure measurements for the 139 NASONEX-treated patients in the 12-month study and again, no cataracts were detected in these patients. Nonetheless, nasal and inhaled corticosteroids have been associated with the development of glaucoma and/or cataracts. Therefore, close follow-up is warranted in patients with a change in vision and with a history of glaucoma and/or cataracts.
When nasal corticosteroids are used at excessive doses, systemic corticosteroid effects such as hypercorticism and adrenal suppression may appear. If such changes occur, NASONEX Nasal Spray, 50 mcg should be discontinued slowly, consistent with accepted procedures for discontinuing oral steroid therapy.
Information for Patients: Patients being treated with NASONEX Nasal Spray, 50 mcg should be given the following information and instructions. This information is intended to aid in the safe and effective use of this medication. It is not a disclosure of all intended or possible adverse effects. Patients should use NASONEX Nasal Spray, 50 mcg at regular intervals (once daily) since its effectiveness depends on regular use. Improvement in nasal symptoms of allergic rhinitis has been shown to occur within 11 hours after the first dose based on one single-dose, parallel-group study of patients in an outdoor "park" setting (park study) and one environmental exposure unit (EEU) study and within 2 days after the first dose in two randomized double-blind, placebo-controlled, parallel-group seasonal allergic rhinitis studies. Maximum benefit is usually achieved within 1 to 2 weeks after initiation of dosing. Patients should take the medication as directed and should not increase the prescribed dosage by using it more than once a day in an attempt to increase its effectiveness. Patients should contact their physician if symptoms do not improve, or if the condition worsens. To assure proper use of this nasal spray, and to attain maximum benefit, patients should read and follow the accompanying Patient's Instructions for Use carefully.
Patients should be cautioned not to spray NASONEX Nasal Spray, 50 mcg into the eyes or directly onto the nasal septum.
Persons who are on immunosuppressant doses of corticosteroids should be warned to avoid exposure to chickenpox or measles, and patients should also be advised that if they are exposed, medical advice should be sought without delay.
Carcinogenesis, Mutagenesis, Impairment of Fertility: In a 2-year carcinogenicity study of Sprague Dawley rats, mometasone furoate demonstrated no statistically significant increase of tumors at inhalation doses up to 67 mcg/kg (approximately 3 and 2 times the maximum recommended daily intranasal dose in adults and children, respectively, on a mcg/m^2 basis). In a 19-month carcinogenicity study of Swiss CD-1 mice, mometasone furoate demonstrated no statistically significant increase in the incidence of tumors at inhalation doses up to 160 mcg/kg (approximately 4 and 3 times the maximum recommended daily intranasal dose in adults and children, respectively, on a mcg/m^2 basis).
At cytotoxic doses, mometasone furoate produced an increase in chromosome aberrations *in vitro* in Chinese hamster ovary-cell cultures in the nonactivation phase, but not in the presence of rat liver S9 fraction. Mometasone furoate was not mutagenic in the mouse-lymphoma assay and the *Salmonella/E. coli*/mammalian microsome mutation assay, a Chinese hamster lung cell (CHL) chromosomal-aberrations assay, an *in vivo* mouse bone-marrow erythrocyte-micronucleus assay, a rat bone-marrow clastogenicity assay, and the mouse male germ-cell clastogenicity assay. Mometasone furoate also did not induce unscheduled DNA synthesis *in vivo* in rat hepatocytes.
In reproductive studies in rats, impairment of fertility was not produced by subcutaneous doses up to 15 mcg/kg (less than the maximum recommended daily intranasal dose in adults on a mcg/m^2 basis). However, mometasone furoate caused prolonged gestation, prolonged and difficult labor, reduced offspring survival, and reduced maternal body weight gain at a dose of 15 mcg/kg.
Pregnancy: ***Teratogenic Effects: Pregnancy Category C:*** Mometasone furoate caused cleft palate in mice at subcutaneous doses of 60 mcg/kg and above (approximately 2 times the maximum recommended daily intranasal dose in adults on a mcg/m^2 basis). Offspring survival was reduced in the 180-mcg/kg group (approximately 4 times the maximum recommended daily intranasal dose in adults on a mcg/m^2 basis). No such effects were observed at 20 mcg/kg (less than the maximum recommended daily intranasal dose in adults on a mcg/m^2 basis).
In rabbits, mometasone furoate caused flexed front paws at a topical dermal dose of 150 mcg/kg (approximately 14 times the maximum recommended daily intranasal dose in adults on a mcg/m^2 basis).
In rats, mometasone furoate produced umbilical hernia, cleft palate, and delayed ossification at a topical dermal dose of 600 mcg/kg (approximately 30 times the maximum recommended daily intranasal dose in adults on a mcg/m^2 basis). At 1200 mcg/kg (approximately 60 times the maximum recommended daily intranasal dose in adults on a mcg/m^2 basis), microphthalmia, umbilical hernias, and delayed ossification were observed in rat pups.
In these developmental studies, there were also reductions in maternal body weight gain and effects on fetal growth (lower fetal body weights and/or delayed ossification) in mice (60 and 180 mcg/kg), rabbits (150 mcg/kg), and rats (600 mcg/kg).
In an oral developmental study in rabbits, at 700 mcg/kg, (approximately 70 times the maximum recommended daily intranasal dose in adults on a mcg/m^2 basis), increased incidences of resorptions and malformations, including cleft palate and/or head malformations (hydrocephaly or domed head) were observed. Pregnancy failure was observed in most rabbits at 2800 mcg/kg (approximately 270 times the maximum recommended daily intranasal dose in adults on a mcg/m^2 basis).
There are no adequate and well-controlled studies in pregnant women. NASONEX Nasal Spray, 50 mcg, like other corticosteroids, should be used during pregnancy only if the potential benefits justify the potential risk to the fetus. Experience with oral corticosteroids since their introduction in pharmacologic, as opposed to physiologic, doses suggests that rodents are more prone to teratogenic effects from corticosteroids than humans. In addition, because there is a natural increase in corticosteroid production during pregnancy, most women will require a lower exogenous corticosteroid dose and many will not need corticosteroid treatment during pregnancy.
Nonteratogenic Effects: Hypoadrenalism may occur in infants born to women receiving corticosteroids during pregnancy. Such infants should be carefully monitored.
Nursing Mothers: It is not known if mometasone furoate is excreted in human milk. Because other corticosteroids are excreted in human milk, caution should be used when NASONEX Nasal Spray, 50 mcg is administered to nursing women.
Pediatric Use: Controlled clinical studies have shown intranasal corticosteroids may cause a reduction in growth velocity in pediatric patients. This effect has been observed in the absence of laboratory evidence of hypothalamic-pituitary-adrenal (HPA) axis suppression, suggesting that growth velocity is a more sensitive indicator of systemic corticosteroid exposure in pediatric patients than some commonly used tests of HPA axis function. The long-term effects of this reduction in growth velocity associated with intranasal corticosteroids, including the impact on final adult height, are unknown. The potential for "catch up" growth following discontinuation of treatment with intranasal corticosteroids has not been adequately studied. The growth of pediatric patients receiving intranasal corticosteroids, including NASONEX Nasal Spray, 50 mcg should be monitored routinely (eg, via stadiometry). The potential growth effects of prolonged treatment should be weighed against clinical benefits obtained and the availability of safe and effective noncorticosteroid treatment alternatives. To minimize the systemic effects of intranasal corticosteroids, including NASONEX Nasal Spray, 50 mcg, each patient should be titrated to his/her lowest effective dose.
Seven hundred and twenty (720) patients 3 to 11 years of age were treated with mometasone furoate nasal spray, 50 mcg (100 mcg to dose) in controlled clinical trials. Safety and effectiveness in child than 3 years of age have not been established.
A clinical study has been conducted for one year in pediatric (ages 3 to 9 years) to assess the effect of NASONEX Nasal Spray, (100 mcg total daily dose) on growth velocity. No statistically sig effect on growth velocity was observed for NASONEX Nasal Spray, compared to placebo. No evidence of clinically relevant HPA axis s sion was observed following a 30-minute Cosyntropin infusion.
The potential of NASONEX Nasal Spray to cause growth suppre susceptible patients or when given at higher doses cannot be ruled
Geriatric Use: A total of 203 patients above 64 years of age (age r to 85 years) have been treated with NASONEX Nasal Spray, 50 mc to 3 months. The adverse reactions reported in this population were in type and incidence to those reported by younger patients.
ADVERSE REACTIONS In controlled US and International clinical st total of 3210 adult and adolescent patients aged 12 years and older r treatment with NASONEX Nasal Spray, 50 mcg at doses of 50 mcg/day. The majority of patients (n = 2103) were treated w mcg/day. In controlled US and International studies, a total of 990 p patients (ages 3 to 11 years) received treatment with NASONEX, 50 doses of 25 to 200 mcg/day. The majority of pediatric patients (72 treated with 100 mcg/day. A total of 513 adult, adolescent, and p patients have been treated for 1 year or longer. The overall incid adverse events for patients treated with NASONEX Nasal Spray, 50 m comparable to patients treated with the vehicle placebo. Also, events did not differ significantly based on age, sex, or race. Three or less of patients in clinical trials discontinued treatment bec adverse events; this rate was similar for the vehicle and active comp
All adverse events (regardless of relationship to treatment) repo 5% or more of adult and adolescent patients aged 12 years and old received NASONEX Nasal Spray, 50 mcg, 200 mcg/day and by p patients ages 3 to 11 years who received NASONEX Nasal Spray, 5 100 mcg/day in clinical trials vs placebo and that were more comm NASONEX Nasal Spray, 50 mcg than placebo, are displayed in th below.

ADVERSE EVENTS FROM CONTROLLED CLINICAL TRIALS I SEASONAL ALLERGIC AND PERENNIAL ALLERGIC RHINITI (PERCENT OF PATIENTS REPORTING)

	Adult and Adolescent Patients 12 years and older		Pediatric Patie Ages 3 to 11 ye	
	NASONEX 200 mcg (N = 2103)	VEHICLE PLACEBO (N = 1671)	NASONEX 100 mcg (N = 374)	VEH PLA (N =
Headache	26	22	17	
Viral Infection	14	11	8	
Pharyngitis	12	10	10	1
Epistaxis/Blood-Tinged Mucus	11	6	8	
Coughing	7	6	13	1
Upper Respiratory Tract Infection	6	2	5	
Dysmenorrhea	5	3	1	
Musculoskelefal Pain	5	3	1	
Sinusitis	5	3	4	
Vomiting	1	1	5	

Other adverse events which occurred in less than 5% but greater equal to 2% of mometasone furoate adult and adolescent patient 12 years and older) treated with 200-mcg doses (regardless of relat to treatment), and more frequently than in the placebo group in arthralgia, asthma, bronchitis, chest pain, conjunctivitis, diarrhea, sia, earache, flu-like symptoms, myalgia, nausea, and rhinitis.
Other adverse events which occurred in less than 5% but greater to 2% of mometasone furoate pediatric patients aged 3 to 11 years with 100-mcg doses vs placebo (regardless of relationship to trea and more frequently than in the placebo group included: diarrhea, na tation, otitis media, and wheezing.
Rare cases of nasal ulcers and nasal and oral candidiasis we reported in patients treated with NASONEX Nasal Spray, 50 mcg, p in patients treated for longer than 4 weeks.
In postmarketing surveillance of this product, cases of nasal burn irritation and rare cases of nasal septal perforation have been report
OVERDOSAGE There are no data available on the effects of acute or overdosage with NASONEX Nasal Spray, 50 mcg. Because of low s bioavailability, and an absence of acute drug-related systemic fin clinical studies, overdose is unlikely to require any therapy other than vation. Intranasal administration of 1600 mcg (8 times the recom dose of NASONEX Nasal Spray, 50 mcg) daily for 29 days, to healthy volunteers, was well tolerated with no increased incidence of events. Single intranasal doses up to 4000 mcg have been studied in volunteers with no adverse effects reported. Single oral doses up t mcg have been studied in human volunteers with no adverse reported. Chronic overdosage with any corticosteroid may result in s symptoms of hypercorticism (see **PRECAUTIONS**). Acute overdosa this dosage form is unlikely since one bottle of NASONEX Nasal Sp mcg contains approximately 8500 mcg of mometasone furoate.

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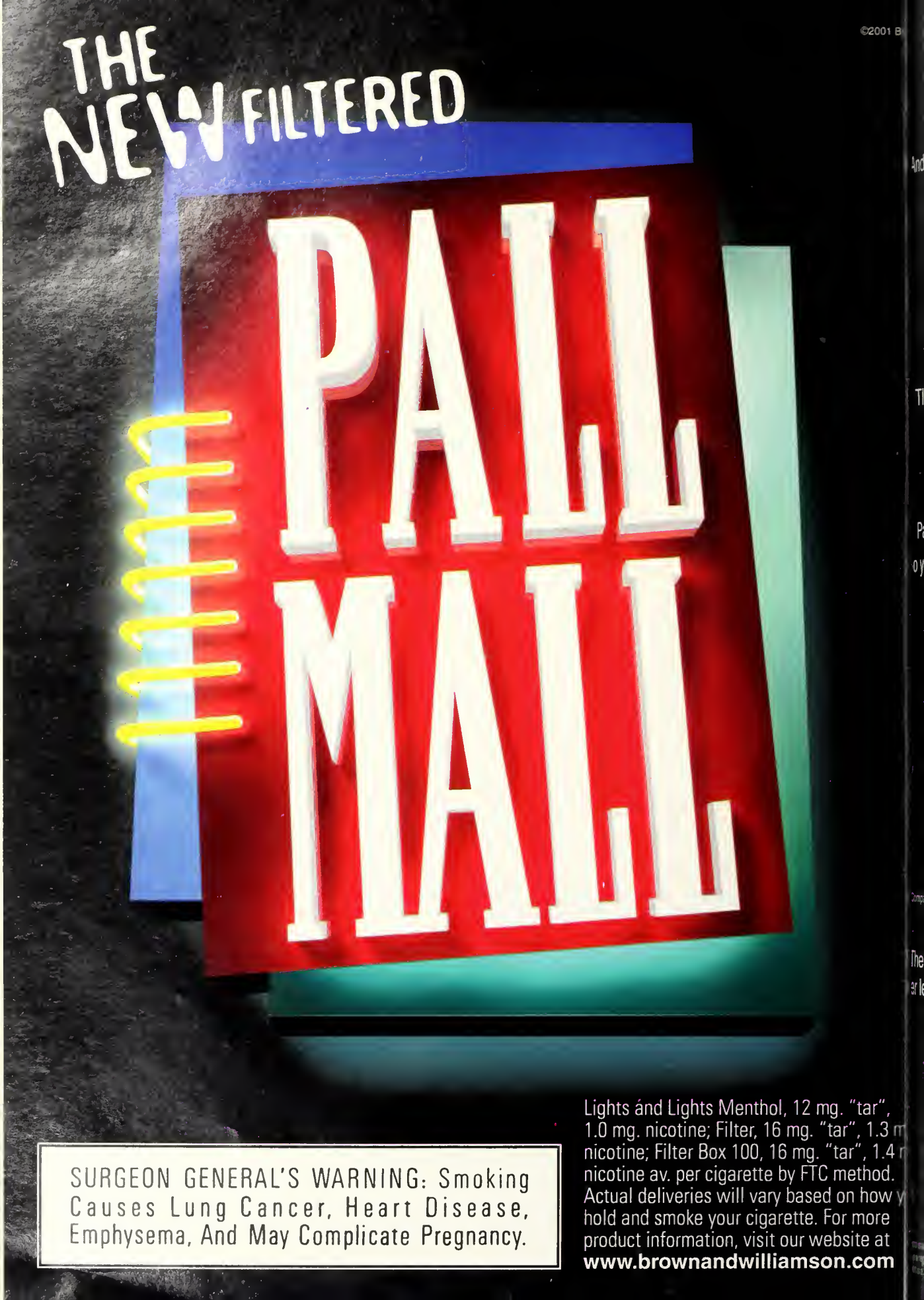
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may not realize all the sun your skin's actually taking in. Like the minute trip to the supermarket. The 40-minute bike ride. Even the minute chase after your runaway dog. But you can help protect your skin ry day, with Lubriderm® Daily UV. A non-greasy feeling, light moisturizer h SPF-15. So you can be sure the sun keeps its distance.

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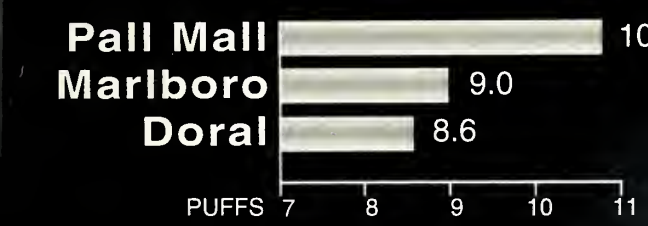
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LASTS LONGER

Pall Mall is made with premium tobacco that is skillfully blended and packed tight.
you get more puffs than you would from a comparable Marlboro, Newport, or Doral.
And you get to savor it longer. So find out what all the excitement's about—
and try one.



omparison of Pall Mall, Marlboro, and Doral Filter Box 100's. Source: Avg. Puffs Per Cigarette, B&W Analytical Test Results (FTC Method).

he New Filtered Pall Mall gives you more puffs than
r leading cigarettes. And we're not just blowing smoke.
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Best (and worst) tressed

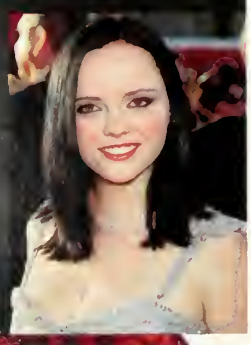
The Oscars have a way of producing award-winning hairstyles. But not every do does its star justice. Here are some looks that put the "Oh!" (and "Oh, no!") in Oscar







raven raves



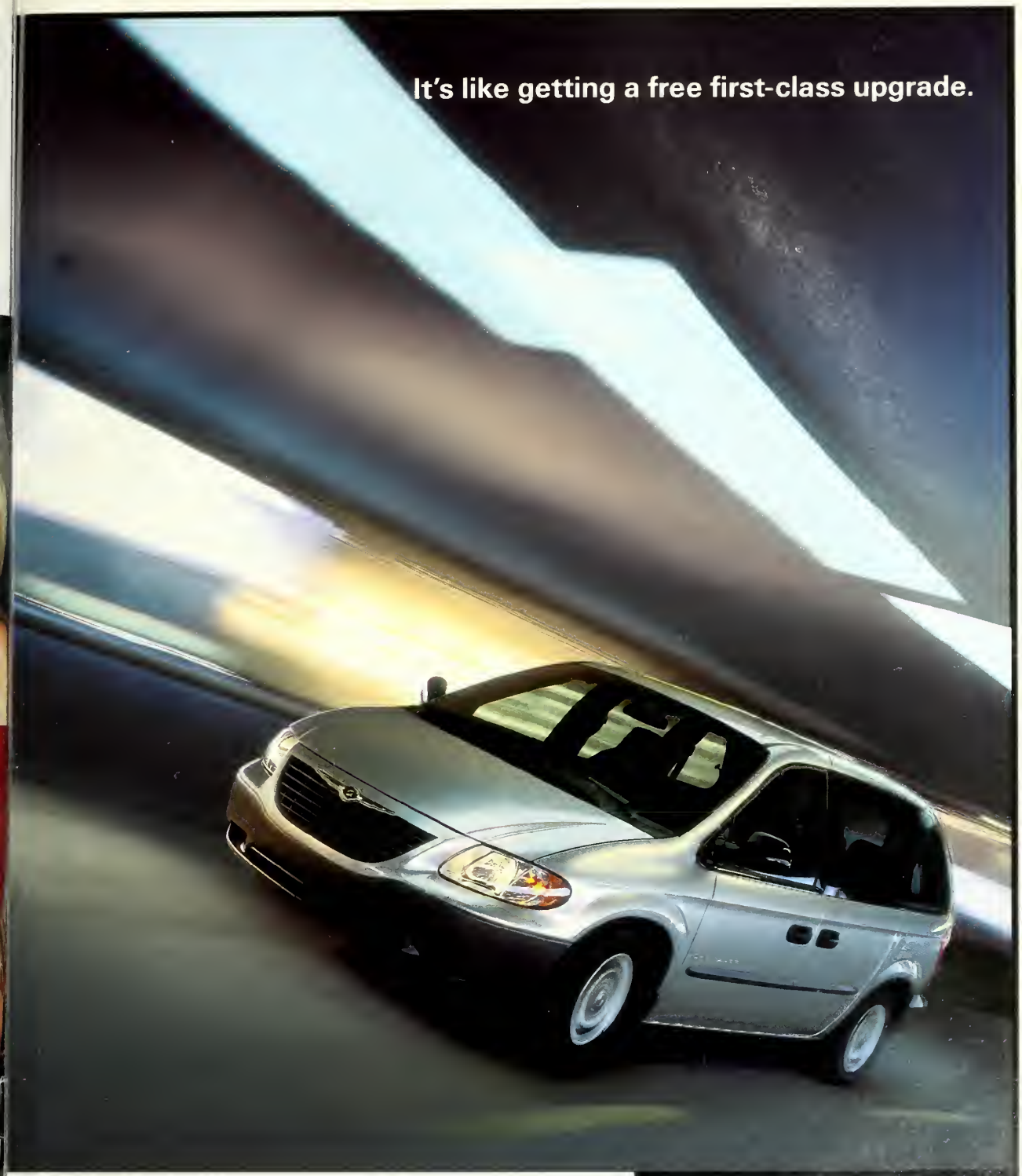
Clockwise from left: Catherine Zeta-Janes' cascade wins aur vate; Angelina Jalie pays hamage ta Marticia; Lucy Liu finds the right part; Christina Ricci's shoulder-length locks are sleek and simple.



Clockwise from top left: Jennifer Aniston plays it straight; Michelle Pfeiffer shows her soft, wavy side; Helen Hunt goes glam with hair extensions; Kate Hudson dazzles with Goldie locks.



go with the flow



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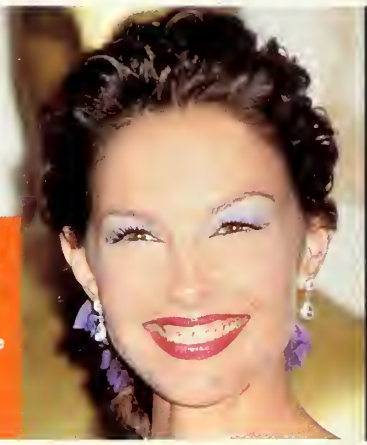
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Some stars comb the country's hottest salons for the best looks; others just need a comb, period



short takes

Chloë Sevigny (left) is camera-ready with a sculpted wave. Jodie Foster (above) takes to the red carpet in a slightly layered, classically feminine style.





Ashley Judd's do is simple but elegant (left). Jane Fon loyered short cut wins rov reviews (obove).

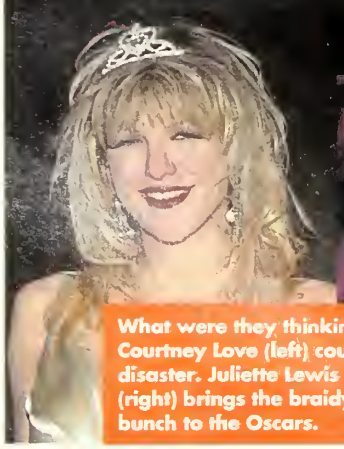
Oscar meets Olive Garden in Cher's pasta pigtails.

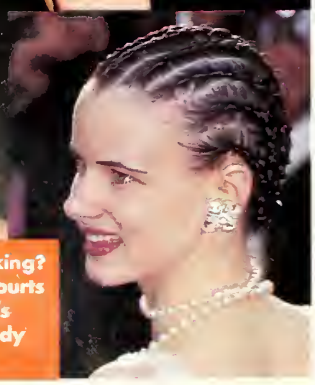


She may be on *Angel*, but Drew Borrymore's flower-child look could use divine intervention.



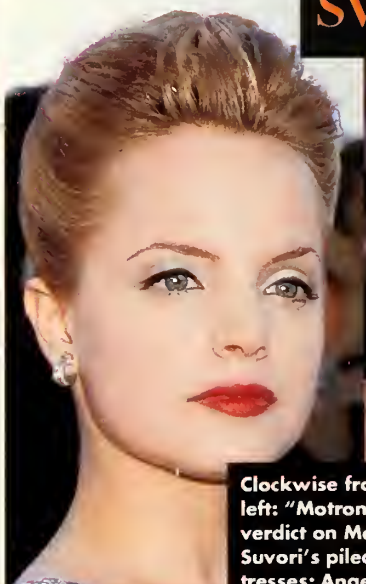
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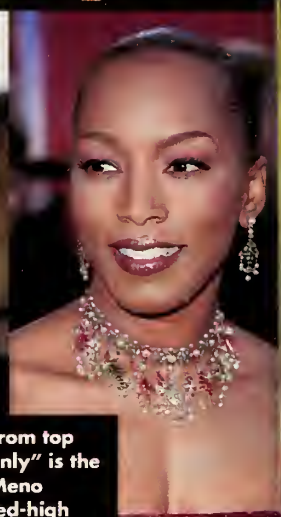




What were they thinking? Courtney Love (left) courts disaster. Juliette Lewis (right) brings the braidy bunch to the Oscars.

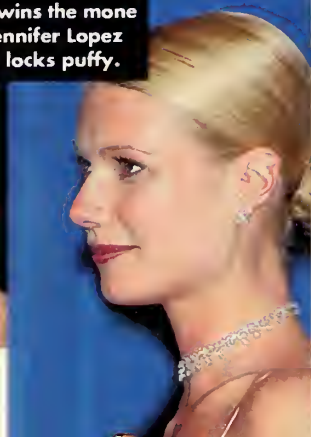
swept awa





Clockwise from top left: "Motronly" is the verdict on Meno Suvori's piled-high tresses; Angela Bossett's borely there hair puts the focus on her foce; Gwyneth Poltrow wins the mone event; Jennifer Lopez likes her locks puffy.






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can this marriage be saved?

James betrayed Kelly not once, but three times. Can an unfaithful husband ever change?

"I'm afraid he'll cheat again"

By Margery D. Rosen



Kelly's Turn:

"Can you imagine what it's like to see your husband passionately kissing another woman?" asked thirty-two-year-old Kelly, an at-home mom, tearfully. "Now he wants me to take him back—*again?*

"Last month, James and I went on a cruise, our first trip alone since our seven-year-old twin boys were born. Our second night there, James decided to go to the bar, while I headed back to our cabin. Suddenly, something—intuition, maybe—made me turn around and go back to the deck. Sure enough, there was James, with this busty redhead draped all over him. After a minute, they began kissing. That's when I ran over, shouting, 'Why are you doing this to me and our children?' They just stood there in shock. I flew back at the next port and told James not to bother coming home.

"This is the third time in ten years of marriage that James has cheated on me. Just after our second anniversary, he had an affair with a temp from the accounting firm where he worked. Four years ago, it was the receptionist at his health club. But each time I took him back because I believe in marriage, and because I do love him. Still, I was so paranoid that, for a while, I checked the phone and credit-card bills for mysterious charges.

"I know it sounds naive, but I thought we were finally on solid ground. James and I have always had great chemistry in bed, and though it wasn't easy resuming our sex life after his betrayal, I can never stay mad at him after making love. Besides, during the last few years, we'd been to marriage counseling, and our relationship seemed to have come a long way.

"Since this latest incident, James has been renting an apartment, but he comes over every night to tuck the kids into bed. The trouble is, I'm wavering. One day I never want to see James again; the next I'm miserable without him.

"I never thought we'd end up like this. Growing up in Baltimore, I dreamed of having a happy marriage like my parents'. I was the sixth of eight kids in a close-knit, religious family. Dad worked three jobs, and my mother was a secretary for the school board. I excelled in sports, but my older brothers were the real stars of the family, popular and accomplished. I worshiped them.

"I met James during our junior year of college. I didn't particularly like him at first; he struck me as too slick and charming. But by senior year, I'd fallen under his spell. He was funny, smart and romantic, and we shared many of the same interests. A year after graduation, we married, and I went to work at a bank while James joined his father's accounting firm.

"I was blissfully, ignorantly happy, until *(continued)*



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ɔm trees to terriers, most people with
ies have more than one. Among
ng prescription antihistamines, only
c® (cetirizine HCl) is approved to
both year-round indoor and outdoor
gies. And it lasts for 24 hours. So
ever your allergy combination is, ask
doctor or pharmacist about Zyrtec.
Zyrtec studies, side effects were mild
oderate, including drowsiness, fatigue
and dry mouth in adults, and drowsiness,
headache, sore throat and stomach pain
in children. Drowsiness occurred in
between 11% and 14% in adults,
depending on dose, compared to 6%
taking placebo. In children drowsiness
occurred in between 2% and 4%,
depending on dose, compared to 1%
taking placebo.

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BRIEF SUMMARY ZYRTEC (CETIRIZINE HYDROCHLORIDE) TABLETS AND SYRUP FOR ORAL USE
(FOR FULL PRESCRIBING INFORMATION, CONSULT PACKAGE INSERT)

CONTRAINDICATIONS ZYRTEC is contraindicated in patients with a hypersensitivity to any of its ingredients or to hydroxyzine.

PRECAUTIONS Activities Requiring Mental Alertness. In controlled trials, the occurrence of somnolence has been reported in patients taking ZYRTEC. Caution should be exercised in driving a car or operating potentially dangerous machinery. Concomitant use of ZYRTEC with alcohol or other CNS depressants should be avoided because additional reductions in alertness and performance may occur.

Drug-Drug Interactions: No clinically significant drug interactions have been seen with the drugs tested in controlled clinical trials, including pseudoephedrine, cimetidine, erythromycin, azithromycin and ketoconazole. In a study in which theophylline (400 mg daily) and cetirizine (600 mg daily) were co-administered to healthy volunteers, there was a small decrease in the clearance of theophylline. It is possible that larger theophylline doses could have a greater effect.

Carcinogenesis, Mutagenesis and Impairment of Fertility: In a 2 year carcinogenicity study in rats, cetirizine was not carcinogenic at dietary doses up to 2.5 mg/kg/day, approximately equivalent to the recommended daily oral dose in adults on a mg/m² basis, or approximately 10 times the maximum recommended daily oral dose in children on a mg/m² basis. In a 2-year carcinogenicity study in mice, cetirizine was not carcinogenic in males at a dietary dose of 16 mg/kg (approximately 6 times the maximum recommended daily oral dose in adults on a mg/m² basis) and in females at a dietary dose of 4 mg/kg (approximately 1.5 times the maximum recommended daily oral dose in adults on a mg/m² basis). A slight increase in the incidence of hepatocellular tumors was observed in mice at a dietary dose of 4 mg/kg (approximately 1.5 times the maximum recommended daily oral dose in adults on a mg/m² basis, or approximately equal to the maximum recommended daily oral dose in children on a mg/m² basis). The significance of these findings during long-term use of ZYRTEC is not known. Cetirizine was not genotoxic in the Ames bacterial mutagenicity assay, in the human lymphocyte assay, the mouse lymphoma assay, and in vivo micronucleus assays in mice. In fertility and reproductive performance studies in mice, cetirizine did not impair fertility at an oral dose of 32 mg/kg (approximately 12 times the maximum recommended daily oral dose in adults on a mg/m² basis).

Pregnancy Category B: In reproduction studies in rats at oral doses up to 96, 225, and 135 mg/kg, respectively (approximately 40, 180 and 110 times the maximum recommended daily oral dose in adults on a mg/m² basis), there was no adverse effect on fertility or on other reproductive parameters. There are no adequate and well-controlled studies in pregnant women. Because animal reproduction studies are not always predictive of human response, ZYRTEC should be used in pregnancy only if clearly needed.

Nursing Mothers: In a study in which nursing mothers received cetirizine, a slight but statistically significant increase in the incidence of mild drowsiness was observed in their breastfed infants. Also, a slight retarded pup weight gain during lactation at an oral dose in dams of 96 mg/kg (approximately 40 times the maximum recommended daily oral dose in adults on a mg/m² basis) was observed. In another study, the maximum recommended daily oral dose in adults on a mg/m² basis) Studies in beagle dogs indicated that cetirizine was excreted in milk. Cetirizine has been reported to be excreted in human breast milk. Because many drugs are excreted in human milk, use of ZYRTEC in nursing mothers is not recommended. **Geriatric Use:** Of the total number of patients in clinical studies of ZYRTEC, 186 patients were 65 years and older and 39 patients were 75 years and older. No overall differences in safety or effectiveness were observed between these patients and younger patients, but greater sensitivity of some older individuals cannot be ruled out. With regard to efficacy, clinical studies of ZYRTEC for each approved indication did not include sufficient numbers of patients aged 65 years and older to determine whether they respond differently than younger patients. ZYRTEC is known to be substantially excreted by the kidney, and the risk of toxic reactions to this drug may be greater in patients with impaired renal function. Because elderly patients are more likely to have decreased renal function, care should be taken in dose selection, and it may be useful to monitor renal function. **Pediatric Use:** The safety of ZYRTEC, at daily doses of 5 or 10 mg, has been demonstrated in 376 pediatric patients aged 6 to 11 years in placebo-controlled trials lasting up to four weeks and in 254 patients in a non-placebo-controlled 12-week trial. The safety of cetirizine has been demonstrated in 168 patients aged 2 to 5 years in placebo-controlled trials of up to 4 weeks duration. On a mg/kg basis, most of the 168 patients received between 0.2 and 0.4 mg/kg of cetirizine HCl. The effectiveness of ZYRTEC for the treatment of seasonal and perennial allergic rhinitis and chronic idiopathic urticaria in pediatric patients aged 2 to 11 years is based on an extrapolation of the demonstrated efficacy of ZYRTEC in adults in these conditions and the likelihood that the disease course, pathophysiology and the drug's effect are substantially similar between these two populations. The recommended doses for the pediatric population are based on cross-study comparisons of the pharmacokinetics and pharmacodynamics of cetirizine in adult and pediatric subjects and on the safety profile of cetirizine in both adult and pediatric patients at doses equal to or higher than the recommended doses. The cetirizine AUC and C_{max} in pediatric subjects aged 2 to 5 years who received a single dose of 5 mg of cetirizine syrup and in pediatric subjects aged 6 to 11 years who received a single dose of 10 mg of cetirizine syrup were estimated to be intermediate between that observed in adults who received a single dose of 10 mg of cetirizine tablets and those who received a single dose of 20 mg of cetirizine tablets. The safety and effectiveness of cetirizine in pediatric patients under the age of 2 years have not yet been established. **ADVERSE REACTIONS** Controlled and uncontrolled clinical trials conducted in the United States and Canada included more than 6000 patients aged 12 years and older, with more than 3900 receiving ZYRTEC at doses of 5 to 20 mg per day. The duration of treatment ranged from 1 week to 6 months, with a mean exposure of 30 days. Most adverse reactions reported during therapy with ZYRTEC were mild or moderate. In placebo-controlled trials, the incidence of discontinuations due to adverse reactions in patients receiving ZYRTEC 5 or 10 mg was not significantly different from placebo (2.9% vs. 2.4%, respectively). The most common adverse reactions in patients aged 12 years and older that occurred more frequently on ZYRTEC than placebo was somnolence. The incidence of somnolence associated with ZYRTEC was dose related, 6% in placebo, 11% at 5 mg and 14% at 10 mg. Discontinuations due to somnolence on ZYRTEC were uncommon (1.0% on ZYRTEC vs. 0.6% on placebo). Fatigue and dry mouth also appeared to be treatment-related adverse reactions. There were no differences by age, race, gender or by body weight with regard to the incidence of adverse reactions. Table 1 lists adverse experiences in patients aged 12 years and older which were reported for ZYRTEC 5 and 10 mg in controlled clinical trials in the United States and that were more common with ZYRTEC than placebo.

Table 1. Adverse Experiences Reported in Patients Aged 12 Years and Older in Placebo-Controlled United States ZYRTEC Trials (Maximum Dose of 10 mg) at Rates of 2% or Greater (Percent Incidence) ZYRTEC (N=2034) Placebo (N=1612) respectively: Somnolence (13.7 vs 6.3) Fatigue (5.9 vs 2.6) Dry Mouth (5.0 vs 2.3) Pharyngitis (2.0 vs 1.9) Dizziness (2.0 vs 1.2). In addition, headache and nausea occurred in more than 2% of the patients, but were more common in placebo patients. Pediatric studies were also conducted with ZYRTEC. More than 1300 pediatric patients aged 6 to 11 years with more than 900 treated with ZYRTEC at doses of 1.25 to 10 mg per day were included in controlled and uncontrolled clinical trials conducted in the United States. The duration of treatment ranged from 2 to 12 weeks. Placebo-controlled trials up to 4 weeks duration included 168 pediatric patients aged 2 to 5 years who received cetirizine, the majority of whom received single daily doses of 5 mg. The majority of adverse reactions reported in pediatric patients aged 2 to 11 years with ZYRTEC were mild or moderate. In placebo-controlled trials, the incidence of discontinuations due to adverse reactions in pediatric patients receiving up to 10 mg of ZYRTEC was uncommon (0.4% on ZYRTEC vs. 1.0% on placebo). Table 2 lists adverse experiences which were reported for ZYRTEC 5 and 10 mg in pediatric patients aged 6 to 11 years in placebo-controlled clinical trials in the United States and were more common with ZYRTEC than placebo. Of these, abdominal pain was considered treatment-related and somnolence appeared to be dose-related, 1.3% in placebo, 1.9% at 5 mg and 4.2% at 10 mg. The adverse experiences reported in pediatric patients aged 2 to 5 years in placebo-controlled trials were qualitatively similar in nature and generally similar in frequency to those reported in trials with children aged 6 to 11 years.

Table 2. Adverse Experiences Reported in Pediatric Patients Aged 6 to 11 Years in Placebo-Controlled United States ZYRTEC Trials (5 or 10 mg Dose) Which Occurred at a Frequency of ≥ 2% in Either the 5-mg or the 10-mg ZYRTEC Group, and More Frequently Than in the Placebo Group. ZYRTEC 5 mg (N=161), 10 mg (N=215) vs placebo (N=309): Headache (11.0%, 5 mg, 14.0%, 10 mg, 12.3% placebo), Pharyngitis (6.2%, 5 mg, 2.8%, 10 mg, 2.9%, placebo), Abdominal pain (4.4% 5 mg, 3.7%, 10 mg, 1.9%, placebo), Coughing (4.4%, 5 mg, 2.8%, 10 mg, 3.9%, placebo), Somnolence (1.9%, 5 mg, 4.2%, 10 mg, 1.3%, placebo), Diarrhea (3.1%, 5 mg, 1.9%, 10 mg, 1.3%, placebo), Epistaxis (3.7%, 5 mg, 1.9%, 10 mg, 2.9%, placebo), Bronchospasm (3.1%, 5 mg, 1.9%, 10 mg, 1.9% placebo), Nausea (1.9%, 5 mg, 2.8%, 10 mg, 1.9%, placebo), Vomiting (2.5%, 5 mg, 2.3%, 10 mg: 1.0% placebo) The following events were observed infrequently (less than 2%), in either 3982 adults and children 12 years and older or in 659 pediatric patients aged 6 to 11 years who received ZYRTEC in U.S. trials, including an open adult study of six months' duration. A causal relationship of these infrequent events with ZYRTEC administration has not been established. **Autonomic Nervous System:** anorexia, flushing, increased salivation, urinary retention. **Cardiovascular:** cardiac failure, hypertension, palpitation, tachycardia. **Central and Peripheral Nervous Systems:** abnormal coordination, ataxia, confusion, dysphonia, hyperesthesia, hyperkinesia, hypertonia, hypesthesia, leg cramps, migraine, myelitis, paralysis, paresthesia, ptosis, syncope, tremor, twitching, vertigo, visual field defect. **Gastrointestinal:** abnormal hepatic function, aggravated tooth caries, constipation, dyspepsia, eructation, flatulence, gastritis, hemorrhoids, increased appetite, melena, rectal hemorrhage, stomatitis including ulcerative stomatitis, tongue discoloration, tongue edema. **Genitourinary:** cystitis, dysuria, hematuria, micturition frequency, polyuria, urinary incontinence, urinary tract infection. **Hearing and Vestibular:** deafness, earache, ototoxicity, tinnitus. **Metabolic/Nutritional:** dehydration, diabetes mellitus, thirst. **Musculoskeletal:** arthralgia, arthritis, arthrosis, muscle weakness, myalgia. **Psychiatric:** abnormal thinking, agitation, amnesia, anxiety, decreased libido, depersonalization, depression, emotional lability, euphoria, impaired concentration, insomnia, nervousness, paroniria, sleep disorder. **Respiratory System:** bronchitis, dyspnea, hyperventilation, increased sputum, pneumonia, respiratory disorder, rhinitis, sinusitis, upper respiratory tract infection. **Reproductive:** dysmenorrhea, female breast pain, intermenstrual bleeding, leukorrhea, menorrhagia, vaginitis. **Reticuloendothelial:** lymphadenopathy. **Skin:** acne, alopecia, angioedema, bullous eruption, dermatitis, dry skin, eczema, erythema nodosum, hair discoloration, hyperkeratosis, hypertrichosis, increased sweating, maculopapular rash, photosensitivity reaction, photosensitivity for heat or sunlight, purpura, rash, seborrhea, skin disorder, skin nodule, urticaria. **Special Senses:** parosmia, taste loss, taste perversion. **Vision:** blindness, conjunctivitis, eye pain, glaucoma, loss of accommodation, ocular hemorrhage, xerophthalmia. **Body as a Whole:** anaphylaxis, anemia, asthenia, back pain, chest pain, enlarged abdomen, face edema, fever, generalized edema, hot flashes, increased weight, leg edema, malaise, nasal polyp, pain, pallor, periorbital edema, pengeneral edema, rigors. Occasional instances of transient reversible hepatic transaminase elevations have occurred during cetirizine therapy. Hepatitis with significant transaminase elevation and/or elevated bilirubin is associated with the use of ZYRTEC has been reported. In foreign marketing experience the following additional rare, but potentially severe adverse events have been reported: anaphylaxis, cholestasis, glomerulonephritis, hemolytic anemia, hepatitis, orolacia, dyskinesia, severe hypotonia, birth and thrombocytopenia. **DRUG ABUSE AND DEPENDENCE** There is no information to indicate that abuse or dependency occurs with ZYRTEC. **OVERDOSAGE** Overdosage has been reported with ZYRTEC. In one adult patient who took 150 mg of ZYRTEC, the patient was somnolent but did not display any other clinical signs or abnormal blood chemistry or hematology results. In an 18-month-old pediatric patient who took an overdose of ZYRTEC (approximately 180 mg), restlessness and irritability were observed initially. This was followed by drowsiness. Should overdose occur, treatment should be symptomatic or supportive, taking into account any concomitantly ingested medications. There is no known specific antidote to ZYRTEC. ZYRTEC is not effectively removed by dialysis, and dialysis will be ineffective unless a dialyzable agent has been concomitantly ingested. The acute minimal lethal oral doses were 237 mg/kg in mice (approximately 95 times the maximum recommended daily oral dose in adults on a mg/m² basis, or approximately 55 times the maximum recommended daily oral dose in children on a mg/m² basis) and 562 mg/kg in rats (approximately 460 times the maximum recommended daily oral dose in adults on a mg/m² basis, or approximately 270 times the maximum recommended daily oral dose in children on a mg/m² basis). In rodents, the target of acute toxicity was the central nervous system, and the target of multiple-dose toxicity was the liver.

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"James has hurt me too many times. And yet, I still harbor the hope that he'll change"

(continued) the day when James announced that he wasn't in love with me anymore. I soon found out he was sleeping with the temp. James moved out for a few weeks, then begged to come back. I forgave him, desperately wanting to believe his promises. The twins were born the following year, and I quit my job to raise them. I will say that James has been a fantastic father.

"But he's not a great communicator. If James is stressed about something at work, he never tells me what's wrong, no matter how much I coax. I get annoyed about doing all the dirty work at home—the laundry, grocery shopping, carpooling—while James does all the fun stuff, like coaching the boys' T-ball team. After a while, little things started to bother me more and more.

"But by far our biggest fights involve James' passion for fishing. He thinks nothing of going off on weekends or taking three-day outings with his friends. I don't want him to give up his hobby, but we need some time for ourselves, too.

"I get so angry that I can't help yelling and nagging. When that happens, James shuts down and walks away. Sometimes, we don't talk for three or four days, then we go on as if nothing had happened. Of course, nothing ever changes, either.

"I used to lie awake at night wondering why I put up with James. I'd rationalize everything: He was a terrific dad; we lived well; the sex was good; I'd made a commitment for life. There were a lot of reasons to put on blinders and hope that one day he'd grow up.

"Well, I'm tired of waiting and hoping. James has hurt me too many times. And yet, I still harbor the hope that someday he'll change. I may be a fool, but I just can't bring myself to make the final break."

JAMES' TURN: "I don't know why I kissed that woman on our vacation," said James, a thirty-two-year-old accountant, looking ill at ease. "I guess I had too much to drink that night. I know this sounds lame, but part of me didn't even want to do it. It's as if I couldn't help myself.

"I admit I have a lousy track record. When Kelly and I first got married, I had a brief fling with a girl who worked in my father's office. I was young and feelin suffocated, so I did something stupid. Then a while late I had the other affair, which lasted five months. Again, was an ego thing: A sexy young girl paid attention to m and I took the bait. I also was under a lot of stress at th time because my dad and I weren't getting along. Eve tually, I left and started my own business.

"I knew I was hurting Kelly by sleeping with thes women, but I managed to push those thoughts out of m head. Between the tension at work and at home, I neede a release. Kelly keeps me on such a short leash, I feel a if I have to ask permission to go to the bathroom. Sh grills me about everything: 'Where are you going Who's with you? When will you be back?' And she's s demanding, always wanting to talk about our relation ship. Kelly takes everything so seriously and stays upse for days. That's why I never tell her about problems a work—she'd fall apart.

"Kelly's also a perfectionist. Everything has to be jus so—dishes put away in a certain order, comforter folde at a precise angle—or else she chews me out. I started t do chores wrong just to avoid having to do them at al I'd rather be out fishing than defending myself agains her attacks. I resent being told I'm not pulling my weigh at home. I may travel a lot on business, but when I'm i town, I tuck the boys into bed every night, coach thei ball team, chauffeur them and their friends to the movies Doesn't that count?

"My parents didn't get along, and they're not th warmest people in the world, but they doted on me, sinc I was the youngest child and the only boy. Dad was a accountant, and though we never had much money, pretty much got whatever I wanted. And on those rar occasions when they did enforce discipline, I found way to slip around the rules I didn't like.

"Though my dad and I didn't work well together, did get caught up in the office lifestyle. I saw clients guys not much older than myself, making a lot of mon ey, wearing sleek Italian suits and having affairs lef and right. So I guess I followed the crowd. Of course, knew it was wrong to cheat on my wife with those oth er women, but on another level, I needed *(continued)*

RINGING in the EARS

suffer any of the following symp- nging in the ears, or buzzing, hiss- stling, roaring or other sounds, you suffering from tinnitus. A new as just been released that reveals find relief from this condition new all-natural means.

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The book gives you a full explanation of tinnitus—in plain English—and why millions of people suffer from this condition.

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is book gives you facts on new up-to- all-natural, and alternative ways to IBS and gastrointestinal problems. l learn all about these new measures ow to beat these problems once and l—without drugs or surgery.

u'll discover what you can do to avoid ble Bowel, colon and digestive prob- what foods promote healing and what to avoid, a safe, natural gel readily available at health food stores that flushes out toxins and clears inflammation, what you should know about peppermint oil and gluten—and why IBS is so often misdiagnosed by doctors. The book reveals simple, natural remedies that are helping thousands overcome IBS every day.

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FIBROMYALGIA RELIEF

ou experience Fibromyalgia symp- such as chronic muscle, joint and issue pain, fatigue, memory or con- ation problems, difficulty sleeping, ches, numbness and tingling, and ivity to cold you should get a copy of ew book, *The Fibromyalgia Relief book.*

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u'll discover specific ways to deal with ing all over," tender spots, getting a night's sleep, irritable bowel problems, ssion and other problems.

e book reveals what foods help and which to avoid, what you should know about calcium and magnesium, and the benefits of trace minerals, herbs and other nutrients. You'll discover how therapeutic massage, relaxation and meditation techniques can help, and much more. You'll learn about a new *Journal of Nutritional Medicine* study that shows dramatic pain relief within 2 days for participants who took 2 nutrients daily.

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ESTLESS LEGS SYNDROME Natural Relief

f you have trouble falling asleep or ng because of uncomfortable sensa- ns in your legs accompanied by an sistible urge to move, you may suffer n Restless Legs Syndrome (RLS). A Handbook has just been released t reveals how to get all-natural relief n this condition.

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The Handbook reveals specific facts on natural, alternative and medical remedies that bring fast relief without the use of potentially dangerous drugs.

You'll discover what foods and activities to avoid at all costs, specific nutrients you should add to your diet, the impact of gentle massage and stretching, a vitamin and herb supplement that increases circulation in the legs and promotes healing, specific pressure points that bring almost instant relief, and a simple isometric exercise done before bedtime that has brought relief to thousands of sufferers—and much more.

The Handbook gives you a full explanation of RLS—in plain English—and why millions of people suffer from this condition.

Many people are suffering from RLS symptoms because they do not know of the new all-natural treatments revealed in this Handbook.

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(continued) to live a little.

"I love Kelly, and I feel terrible about taking advantage of her, but I think it might be too late to make it up to her. Maybe I just can't change."

THE COUNSELOR'S TURN: "James was what I call a 'distancer,'" said the counselor. "That's someone who is so afraid of intimacy that he runs away at the first sign of pressure. Some people have to come close to losing what they dearly love before they'll fight for it, and James was one of them.

"The spoiled and self-centered baby of his family, James had felt little remorse for his behavior until recently. Instead, he made excuses—he was under stress, he felt smothered by Kelly—and minimized the effect his affairs had on his wife. Raised by argumentative, unaffectionate parents, James never learned what a happy marriage was like. What's more, he'd developed a childhood habit of bending the house rules, and he continued to do this in his marriage.

"Kelly was the classic 'pursuer' who, yearning for closeness, clings too tightly. Behind her controlling behavior was a need to feel important. Though her parents tried their best to treat all of their children equally, Kelly often felt neglected and insignificant compared to her older brothers. Rather than standing up for herself, she made excuses for her parents, James and anyone else who didn't give her the attention she needed. Often, she missed the obvious signs of James' betrayal or forgave him too easily. Every so often, her anger did boil over, but that gave James another reason to justify his infidelity. Sex was the only way this couple stayed connected.

"James needed to realize that there were serious consequences to his thoughtlessness. I told Kelly to lay down the law with James: He could come by only at the children's bedtime, and he was to leave immediately after tucking them in. Moreover, he was to call her only when he needed to discuss a parenting matter.

"As I predicted, this was the wake-up call James needed. Terrified of losing Kelly, he vowed never to cheat again—and this time, his actions showed that he truly meant it. Within a month, he was putting his energies into changing his behavior.

"It was crucial that James acknowledge the pain he'd caused. 'Don't expect Kelly to forgive you immediately, no matter how many times you apologize,' I warned. 'Expect many darts to be thrown. Listen to her pain without getting angry in return. It may take a long time for you to prove yourself trustworthy.'

"James had to learn to be accountable not only for his actions, but also for his wife's feelings. 'If Kelly thinks there's a problem, you must address it, even if you disagree,' I said. 'You can't ignore or deny it, or tell her to lighten up.' James worked hard to be more considerate.

"These two lacked basic communication skills, particularly when it came to determining what the other one wanted and needed. Over time, Kelly began to articulate her fears calmly, instead of exploding. For instance, she might say: 'James, I'm worried that you'll meet another woman during your upcoming trip to Washington.' Instead of belittling her concerns or walking away, James might reply, 'I can see how concerned you are. What do you need me to do to assure you?'

"It's the small courtesies, not the grand gestures, that make us feel loved in a marriage. James has made great strides in that area. He has cut back on his fishing so he and his family can go out on weekends, and he runs his schedule by Kelly well in advance so she can plan accordingly. She no longer feels like a nag prying information from him.

"Although Kelly still worries that James may stray, she doesn't feel the need to monitor his every move, since his gestures show how much he cares. After three months, she asked him to move back home.

"Kelly will never forget James' infidelity—nor should she. However, these two now have a better understanding of each other's needs and feelings. By looking to the future rather than the past, Kelly can forgive and learn to trust again." ■

> "James needed to realize that there were serious consequences"

"Can This Marriage Be Saved?" is the most popular, most enduring women's magazine feature in the world. This month's case is based on information from the files of Bonnie Eaker Weil, Ph.D., a New York City psychotherapist and author of *Adultery: The Forgivable Sin* (Hastings House, 2001), who also has a Web site: *www.makeupdontbreakup.com*. The story told here is true, although names and other details have been changed to conceal identities. "Can This Marriage Be Saved?" is a registered trademark of Meredith Corporation.



SURGEON GENERAL'S WARNING: Smoking By Pregnant Women May Result in Fetal Injury, Premature Birth, And Low Birth Weight.

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Do Friends Make You Fat?



Gaining or losing 10 pounds changes the way we see people—even our close friends. A look at the surprising ways we can sabotage each other By Jennifer Kornreich

When Sue Parker,* a 41-year-old customer-service representative from Lewiston, Maine, went from a size 22 to a size 10, some of her girlfriends were eager to rain on her parade. They dismissed her weight loss as temporary and less of an accomplishment because she's taking an appetite suppressant under her doctor's supervision. "They say I'll just gain the weight back as soon as I stop taking it," says Parker.

Catty? Yes. But also common. The cultural forces that drive us to torture ourselves over our bodies influence our friendships as well. A national survey published in the journal *Sex Roles* indicates that about half of all American women are dissatisfied with their weight, up from 30 percent in 1985. "We're taught from an early age to monitor our looks, and we estimate our worth by judging where we are compared to others," says Gianine Rosenblum, Ph.D., a psychologist who specializes in body-image research and an assistant professor of pediatrics at Robert Wood Johnson Medical School, in New Brunswick, New Jersey. "So, of course body-image issues intrude upon women's friendships. There's commiseration and camaraderie, and often a competitive element."

"With any life change, you'll have a major shift in a friendship—but it's particularly true with a weight change, because appearance is just about the most personal issue for women," adds Kathryn J. Zerbe, M.D., professor of psychiatric education and women's mental health at the Menninger Clinic, in Topeka, Kansas, and author of *The Body Betrayed: Women, Eating Disorders and Treatment* (American Psychiatric Press, 1994). "For many, it's a source of deep shame." She observes that it's far easier for some women to discuss sexual, marital and child-rearing problems than how their friends' looks make them feel.

"When someone changes her weight, you wonder what else has changed," says Kathy Slade, a 39-year-old technical writer and mother of one from Plaistow, New Hampshire. "Women have pecking orders: 'I'm bigger than this woman, smaller than that one.' And when someone changes that mix, it's unsettling." Slade, who has fluctuated between sizes 6 and 14, would like to shed some of her 175 pounds (she's 5 feet 8 inches tall) but isn't obsessed with her weight. Still, she concedes, "When a friend loses weight and makes a positive transition, it makes me stop and take stock of myself. Sometimes I make a comparison: 'Oh, I've never had such a tiny waist.' Then I might tally up mentally in other areas—'Well, I've got a better job.'"

*Name has been changed.

The thin ideal

Clearly, being slim is wrapped up with status. "We have a belief system that says thinness means we're virtuous, smart or successful—any number of 'good' things," says Rosenblum.

"People equate being thin with being in control of everything in your life," says Paula Sussman, 44, a social worker in Old Bethpage, New York, who's 5 feet 3 inches tall and weighs 103 pounds. Sussman is a single mother of two children and recalls times when she's been in dire need of assistance, or at least empathy, from friends but received little. "They've actually said to me, 'You look like you're so together,' even as I'm telling them I'm having a hard time."

At 5 feet 4 inches tall and 103 pounds, Natalie *(continued)*

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Please see additional important patient information on the next page.

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BRIEF SUMMARY OF PRESCRIBING INFORMATION

This brief summary describes Synvisc, a prescription formulation of hylan [illegible] for knee pain due to osteoarthritis. Please read it carefully. Only your doctor has the training necessary to weigh the benefits and risks of Synvisc therapy for you. Contact your doctor if you have any questions.

WHAT IS SYNVISC?

Synvisc is a viscous and elastic, sterile mixture that is made up of hylan A [illegible] B gel and salt water. The two hylans are manufactured hyaluronan (sodium hyaluronate) that comes from chicken combs. Hyaluronan is a natural chemical found in the body and is present in a particularly high amount in joint tissues and in the fluid that fills the joint. The body's own hyaluronan acts like a lubricant and a shock absorber in the joint, and is needed for the joint to operate properly. In osteoarthritis, there may not be enough hyaluronan, and there may be a change in the quality of the hyaluronan in joint fluid and tissues. Synvisc has comparable viscous and elastic properties to synovial fluid [illegible] to 27 year old healthy human knees. Synvisc is given by a series of injections directly into your knee.

WHAT IS SYNVISC USED FOR?

Synvisc is used to relieve knee pain due to osteoarthritis. It is used for patients who do not get adequate relief from simple painkillers or from exercise and physical therapy. The most pain relief and the greatest amount of treatment success occurred 8 to 12 weeks after Synvisc treatment began.

HOW CAN I GET MORE INFORMATION ABOUT SYNVISC?

If you have any questions or would like to find out more about Synvisc, you may call Wyeth-Ayerst Pharmaceuticals, at 1-800-99-WYETH.

CONTRAINDICATIONS

- Do not administer to patients with known hypersensitivity (allergy) to hyaluronan (sodium hyaluronate) preparations.
- Do not inject Synvisc in the knees of patients having knee joint infections or skin diseases or infections in the area of the injection site.

WARNINGS

- Do not concomitantly use disinfectants containing quaternary ammonium salts for skin preparation because hyaluronan can precipitate in their presence.
- Do not inject Synvisc extra-articularly, or into the synovial tissues and capsule. Local and systemic adverse events, generally in the area of the injection, have occurred following extra-articular injection of Synvisc.
- Intravascular injections of Synvisc may cause systemic adverse events.

PRECAUTIONS

General

- The effectiveness of a single treatment cycle of less than three injections of Synvisc has not been established.
- The safety and effectiveness of Synvisc in locations other than the knee and for conditions other than osteoarthritis have not been established.
- Do not inject anesthetics or other medications into the knee joint during Synvisc therapy. Such medications may dilute Synvisc and affect its safety and effectiveness.
- Use caution when injecting Synvisc into patients who are allergic to avian proteins, feathers, and egg products.
- The safety and effectiveness of Synvisc in severely inflamed knee joints have not been established.
- Strict aseptic administration technique must be followed.
- STERILE CONTENTS. The syringe is intended for single use. The contents of the syringe must be used immediately after its packaging is opened. Discard any unused Synvisc.
- Do not use Synvisc if package is opened or damaged. Store in original packaging (protected from light) at room temperature below 86°F (30°C). DO NOT FREEZE.
- Remove synovial fluid or effusion before each Synvisc injection.
- Synvisc should be used with caution when there is evidence of lymphatic or venous stasis in that leg.

Information for Patients

- Provide patients with a copy of the Patient Labeling prior to use.
- Transient pain, swelling, and/or effusion of the injected joint may occur after intra-articular injection of Synvisc. In some cases, the effusions may be considerable and cause pronounced pain; cases where swelling is extensive should be discussed with the physician.
- As with any invasive joint procedure, it is recommended that the patient avoid any strenuous activities or prolonged weight-bearing activities such as jogging or tennis following the intra-articular injection.
- The safety and effectiveness of repeat treatment cycles of Synvisc have not been established.
- The packaging of this product contains dry natural rubber latex.

Use in Specific Populations

- **Pregnancy:** The safety and effectiveness of Synvisc have not been established in pregnant women.
- **Nursing mothers:** It is not known if Synvisc is excreted in human milk. The safety and effectiveness of Synvisc have not been established in lactating women.
- The safety and effectiveness of Synvisc have not been established in children.

ADVERSE EVENTS

Adverse Events Involving the Injected Joint

Clinical Trials

A total of 511 patients (559 knees) received 1771 injections in seven clinical trials of Synvisc. There were 39 reports in 37 patients (2.2% of injections, 7.2% of patients) of knee pain and/or swelling after these injections. Ten patients (10 knees) were treated with arthrocentesis and removal of joint effusion. Two additional patients (two knees) received treatment with intra-articular steroids. Two patients (two knees) received NSAIDs. One of these patients also received arthrocentesis. One patient was treated with arthroscopy. The remaining patients with adverse events localized to the knee received no treatment or only analgesics.

Postmarket Experience

The most common adverse events reported have been pain, swelling and/or effusion involving the injected knee. In some cases, the effusion was considerable and caused pronounced pain. In some instances, patients have presented with knees that were tender, warm and red. It is important to rule out infection or crystalline arthropathies in such cases. Synovial fluid aspirates of varying volumes have revealed a range of cell counts, from very few to over 50,000 cells/mm³. Reported treatments have included symptomatic therapy (e.g., rest, ice, heat, elevation, simple analgesics and NSAIDs) and/or arthrocentesis. Intra-articular corticosteroids have been used when infection was ruled out. Patients have rarely undergone arthroscopy or other procedures. Events generally abate within a few days. Clinical benefit from treatment is still occur after such reactions.

Intra-articular infections did not occur in any of the clinical trials. [illegible] have been reported only rarely during clinical use of Synvisc.

Other Adverse Events

Clinical Trials

In three concurrently controlled clinical trials with a total of 11[illegible] who received Synvisc and 110 patients who received either sham arthrocentesis, there were no statistically significant differences in numbers or types of adverse events between the group of patients received Synvisc and the group that received control treatment. Systemic adverse events occurred in 10 (2.0%) of the Synvisc patients. There was one case each of rash (thorax and back), swelling of the skin following Synvisc injections in these studies. The symptoms did not recur when these patients received additional Synvisc injections. The remaining generalized adverse events [illegible] were calf cramps, hemorrhoid problems, ankle edema, muscle tonsillitis with nausea, tachyarrhythmia, phlebitis with vancosis, low back sprain.

Postmarket Experience

Other adverse events reported include: rash, *hives*, itching, *fever*, *headache, dizziness, chills*, muscle cramps, *paresthesia*, peripheral *malaise, respiratory difficulties, flushing and facial swelling*. There have been rare reports of *thrombocytopenia* coincident with Synvisc. (Adverse events reported *only* in worldwide postmarketing experience not seen in clinical trials, are considered more rare and are *italicized*.)

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This summary provides the most important information about S[illegible] If you want to read more, ask your doctor or pharmacist to let [illegible] the professional labeling.

This Brief Summary for Direct-to-Consumer advertising is based [illegible] Synvisc Physician Insert, CI 6082-2, Revised October 4, 2000.

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Important information about insurance coverage for Synvisc treatments

Synvisc is usually covered by most insurance plans. Many require that your doctor stock Synvisc. If your doctor does not stock Synvisc and he or she writes a Synvisc prescription for you, some insurance plans, including Medicare, may not cover the cost. Therefore, it is recommended that you ask your doctor if his or her office stocks Synvisc. Procedures vary from policy to policy, so please check with your doctor and/or your insurer. If you have additional questions about insurance coverage, please contact the Synvisc Reimbursement Hotline at 1-800-982-8292. This toll-free number can be accessed between 9:00 AM and 6:00 PM, Eastern Time, Monday through Friday.

DO FRIENDS MAKE YOU FAT?

Continued

Driver,* 29, feels her slimness is the first thing people notice about her. "I've been the same weight since high school, even though I haven't been inside a gym in years," says the human-resources executive from New York City. "When I was a kid, I was called names like Toothpick, so when friends say, 'You're so skinny,' it makes me feel unattractive. No one ever says, 'You've got a really cool job' or even 'You've got pretty eyes' when they first meet me. It's always about weight." As Rosenblum notes, "We've put weight, shape and appearance on such a pedestal that we devalue the other successes women can have."

Interestingly, "studies show women have a thinner ideal for themselves and one another than men have for us," says Kathryn Zerbe. Indeed, Amy Keroack, 28, a former pastry chef in Redmond, Washington, says that while her husband always makes her feel beautiful, she avoids being seen by friends in a bathing suit. She's 5 feet 9 inches tall and weighs 215 pounds. "I don't want them to say, 'Oh, I didn't know she had *that* much cellulite.' I think it would change the idea of me. I'm afraid they'd pity me."

The almighty pound

The women most likely to play the comparison game are those who exaggerate the importance of their weight, says Rosenblum. "These women believe that if weight is important to them, it's important to everyone, and body image winds up coloring their world."

"Lisa* and I gained weight around the same time," says Holly Pilcher-Birge, a 28-year-old Web-site paralegal in Bellevue, Washington, who's 5 feet

ı ches tall and until last September, ghed 238 pounds. (She has now ned down to 160 pounds.) "Then, t a year ago, Lisa dropped some ght, and I couldn't deal with that. n she regained the weight, it made eel much better.

feel really guilty for being so petitive," she continues. "Lisa's ally been the most supportive on with my diet. She always helps ind low-fat items on the menu. if we're at her house playing s, she'll offer me fruit because I t eat some of the things the others snacking on."

Weight loss can cause a rift even n friends *aren't* competitive. na Rubin, 40, a day-care provider married mother of four in ewood, New Jersey, understands firsthand. At 5 feet 5 inches and pounds, she dropped almost ounds in the last year. Her pal oe,* who is 5 feet tall and weighs pounds, is less than thrilled. "I k she used to feel she was safe ı me because we were in the same ," says Rubin. "When I lost ght, she became more distant and ped talking about her own weight les." But Chloe might have been ting to the fact that Rubin had less e for her because she returned to ool to get a degree in computer gramming. "When you lose ght, you feel you can do other gs, too," explains Rubin. "Some nds are put off by that."

A weight loss is generally ociated with an improvement in -confidence, so the friend who nts on you to be dependent on her y feel threatened," says Shari skin, M.D., an assistant professor sychiatry at New York University, New York City. "And the friend y not applaud your taking care of rself because it makes her feel bad ut herself. So she might become ical instead of supportive."

Even when friends help each other in ng to reach their weight-loss goals, d feelings may surface when they rn that "we don't have total control r our bodies," says Kathryn be. "Two *(continued on page 190)*

4 Ways to Wipe Out Weight Rivalries

Don't keep your feelings secret. Although you may worry about alienating your friend, experts insist that voicing your thoughts in a considerate way is better than ignoring them. "Sharing your feelings is the road map for remaining intimate and supportive," says Beth Weinstock, Ph.D., a psychologist specializing in body-image issues in Narberth, Pennsylvania.

Don't be critical. If a friend trusts you enough to tell you that she's not happy with her looks, refrain from giving unsolicited advice or criticizing, says Gianine Rosenblum, Ph.D., a psychologist who specializes in body-image research and an assistant professor of pediatrics at Robert Wood Johnson Medical School, in New Brunswick, New Jersey. "Struggles with body image reflect a woman's deepest pain."

Don't get angry if a friend seems to be trying to sabotage your diet. Is she encouraging you to have another cookie or brownie? She may not be aware of it, and it may be due to fear on her part. "If one person changes her body and, more important, her lifestyle, the other woman may try to bring her back to her old behaviors because what's familiar feels safer," explains Rosenblum.

Lean on each other for support. "Literature on weight loss backs up the importance of role models and encouragement," says Rosenblum. Adds Weinstock: "Bonding is not just about eating together and commiserating about weight. It's found in joint problem solving—in sharing ideas on how to maintain self-control when you're keeping high-calorie food in the house for the kids." —*J.K.*



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How we got our groove back



It's the unexpected acts of love that keep a marriage sizzling. Here, husbands and wives reveal the most passionate thing they've done (surprise: the guys take the prize for sweet moves; women for sexy) **By Hagar Scher**

A Shopping Trip He'll Never Forget

Greg and I were shopping at the Gap during the holidays, and the dressing rooms were mobbed. The attendant asked us to share a room. There was something about the wholesomeness of the Gap made me feel like being naughty. I commanded Greg to take off his pants and made him a happy man.
Fernanda Bashaw, 31; Berkeley, CA

A Very Special Salad

I proposed to my wife again—after 11 years of marriage—on her birthday. With the help of her friends, I picked out a diamond ring that would complement her wedding band. I reserved a table at the best French restaurant in town and told the maître d' my plan. That night, our appetizers arrived on covered platters. Mine contained salad, hers the ring. My wife started bawling. Finally, I managed to ask, "Will you marry me again?" Between tears, she said yes.
Rick Marston, 43; Kansas City, MO

A Bold Move

My husband was coming home for Christmas from his Air Force assignment. I met him at the airport wearing a short black raincoat with only a bra, underwear and garters underneath. My *(continued)*



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ontinued) state of undress must ve been evident because when my sband finally arrived, he started ughing and said, "You don't have ything on underneath, do you?" ie surprise didn't work, but my oldness sure heated things up.
issy Ross, 25; Rockludge, FL*

Hot Shower

y wife's friend was throwing her baby shower. I arranged to have a ale stripper show up. I had the ripper give Sharona a rose from me id a card that told her I thought ie was the sexiest woman ever, regnant or not.
ed Burkow, 37; West Hollywood, CA*

'I met my husband at the airport wearing a raincoat and almost nothing else. My boldness sure heated things up"

able Dancing

Ve bought some mission-style urniture that the kids aren't llowed to go near. One night hen they were asleep, my usband and I were listening to a exy CD. Feeling inspired, I umped up on the table and did a triptease dance. Both of us oticed how erotic the shadow f my silhouette looked on the hite wall, and I agreed to let my usband take some pictures. It vas a little inappropriate for mission table, but it was an nforgettable night.
Edna Wallace, 38; Los Altos, CA*

A Happy Homecoming

I was traveling overseas with some friends and decided to come back a few days early without telling my husband, Alex. I arrived home around 5 A.M., took off all my clothes and climbed into bed naked. That's when Alex woke up. Needless to say, he was surprised—and very happy.
Megan McVay, 31; San Francisco

Cold Comfort

During a ski trip in Maine, Pete and I tackled a 20-mile trail, even though neither of us is a cross-country buff. We made it up a big hill and found a warming hut. Once inside, I started undressing both of us. It was colder than cold, but we quickly warmed up.
Linda Taylor, 28; New York*

The Perfect Getaway

When our daughter was 7 months old, I decided to treat my wife to a getaway. I booked a hotel room and brought the massage table I use as a therapist. When we arrived, I focused all my attention on Tracy, ridding her of the stresses of first-time motherhood.
Kurtis Matthews, 31; Seaside, CA

An Anniversary to Remember

Right before my second anniversary, I had a photographer girlfriend take three rolls of erotic photographs of me, dressed in lingerie or partially draped in swaths of cloth. I made an album and gave it to my husband during our celebration dinner. At first he thought it was going to be a sweet-memories type of thing. When he realized what it was, he said, "Oh, my God." We went home and had incredible sex. To this day, my husband says he looks at the pictures when I'm away.
Patty Manning, 30; New York*

Hagar Scher has written for Self, Fitness and other publications.

*Name has been changed to protect privacy.

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Sleeping together: 5 ways to get more ZZZs



Fifty percent of women say their husband's sleep habits are a nightmare

Somehow, you've managed to survive a hectic day of deadlines, kids' fights and the laundry. At last, it's time to turn in. But just as you drift off, the mattress hog next to you elbows your ribs. You roll him to the other side of the bed, but then his incessant snoring begins. When the alarm rings at 6 A.M., you're tired, and angry at your not-so-better half for keeping you up.

"Sometimes stress or health-related problems keep women awake," says David Rapoport, M.D., medical director of the Sleep Disorders Center at New York University School of Medicine, in New York City. "But for many, the problem is their bed or the person lying next to them." If this sounds familiar, try these simple changes:

1. Go to bed together. It may be difficult to hit the sack at the same time, but doing so can mean fewer disruptions during the important moments when your body is trying to enter its most restful sleep stage called slow-wave sleep, says Joyce Walsleben, Ph.D., co-author of *A Woman's Guide to Sleep* (Crown Publishing, 2000).

2. Wake up at the same time. You'll be more likely to agree on when to call it a day, says Walsleben. If you can't synchronize your sleep schedules, try to keep extra activity away from the bedroom—for example, if he's trying to sleep, watch late-night TV in the den rather than in bed or get ready for work in a bathroom down the hall.

3. Put an end to snoring. As many as 40 percent of men snore. If your husband's habit keeps you awake at night, make sure he gets a checkup with his doctor—snoring may be a symptom of a more serious breathing problem known as sleep apnea. (Women may also suffer from the condition.) Urge him not to sleep on his back, which can compress the airways and increase snoring. If your persuasion doesn't work, some simple devices may help. Orthopedic pillows, for example, encourage proper sleeping positions by keeping the neck in line with the spine. Piling too many pillows on the bed, however, can cause neck and shoulder pain.

4. Remember that size matters. "You shouldn't feel cramped in bed," says Andrea Herman, director of the Better Sleep Council. Couples should sleep on at least a queen-size mattress for free, easy movement. If you're tall or have a tendency to sprawl, you may appreciate the extra space of a king bed. "If you and your spouse didn't pick your mattress together, there's a good chance that only one of you is happy with it," says Herman.

5. Don't be afraid to sleep alone. Sleeping in separate beds may seem like a marital mistake. Not so, says Walsleben, who often prescribes this for her patients. "It's not a bad thing, as long as you make time for intimacy," she says. "With a good night's sleep, you'll have more energy and less stress, which may make you more loving toward your partner." ■

—Melinda Leader

Signs of a silent killer

Ovarian cancer often goes undetected until it reaches an advanced stage, but new research suggests that this so-called silent killer can be caught much earlier. In a study of 1,725 women with the disease, 95 percent reported having abdominal or pelvic pain, bloating, gastrointestinal discomfort or frequent urination before they were diagnosed.

How can you tell if these symptoms are a cancer warning sign, rather than simply a side effect of stress, poor eating habits or your menstrual cycle? "We all have indigestion, pain and bloating from time to time," says Barbara A. Goff, M.D., the study's lead researcher and an associate professor of obstetrics and gynecology at the University of Washington, in Seattle. "But if your symptoms are a change from the norm and persist for more than four to six weeks, it's important to talk to your doctor."

Don't be surprised if you have to push for a definitive diagnosis: The study also found that one third of the women who talked to their doctor about their symptoms did not receive pelvic exams, and another third who did were treated for ailments such as irritable bowel syndrome or depression. Only one fifth said their physicians mentioned ovarian cancer as a possible culprit. Ask your gynecologist for a full pelvic and rectal exam, which is necessary to determine the size and shape of the ovaries and is often skipped in a routine checkup. If nothing is found and your symptoms persist, ask for a transvaginal ultrasound. —*Christina Orlovsky*

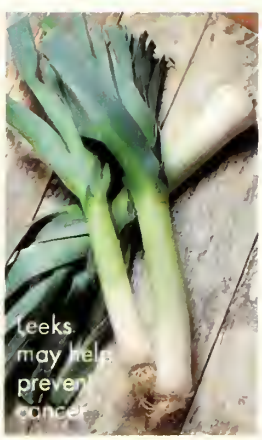
Plant power

You've heard the hype about nutrients called phytochemicals, but what do these plant chemicals really mean to your health? Leslie Bonci, a registered dietitian and a spokesperson for the American Dietetic Association, helped us decipher the real benefits behind these big names:

Antioxidants, which include vitamins C and E, work to prevent oxidation (a process that can cause cholesterol to become sticky and clog arteries) and clean up after free radicals, toxins formed during normal cell function that can damage cells. As a result, antioxidants may help lower cholesterol, prevent heart disease and protect against cancer.

Carotenoids give carrots and sweet potatoes their color. They also bind to free radicals and prevent cell damage, and may boost immune cells called T-cells, which may help prevent cancer.

Phytoestrogens, which are found in soy foods and flax seed, are similar to the human hormone estrogen. These plant-based sources protect against heart disease and osteoporosis and may help slow the progression of cancer by cutting off the blood supply to tumors.


Leeks may help prevent cancer

Organosulfides give onions and leeks their punch. By stimulating anticancer enzymes and slowing the formation of blood clots, sulfides may help prevent cancer and stroke and boost immune function. —*Meredith Franco*

Breast Cancer Essay Contest


Breast-cancer survivor Olivia Newton John

Do you have a breast-cancer hero? LHJ is teaming up with the National Race for the Cure to help find a cure for breast cancer, and we're looking for inspirational essays that tell how you or someone you love faced the disease. Based on your stories, we'll pick one breast-cancer survivor to profile in our October issue to commemorate Breast Cancer Awareness Month. The survivor will receive a trip for two to New York City for a makeover, including a makeup session, haircut and style, and a consultation with a life-coach, nutritionist and personal trainer. Essays must be original (never published), typed (double-spaced) and no longer than 300 words. **Send your submission to:** Breast Cancer Survival Stories, 125 Park Avenue, 19th Floor, New York, NY 10017. Entries must be received by May 1, 2001. Include your name, address, daytime phone number, age and a recent picture of the person featured in your story. To raise money to help find a cure for the disease, please include a $5 donation with your submission. (No donation is required, but if you want to give, make all checks payable to The Susan G. Komen Breast Cancer Foundation; do not send cash.) We cannot accept faxed or e-mailed entries, and we cannot acknowledge or return essays or photos. For complete rules, see page 176.



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BRIEF SUMMARY—CELEBREX® (celecoxib capsules)

INDICATIONS AND USAGE

For relief of the signs and symptoms of OA, and of RA in adults.

CONTRAINDICATIONS

CELEBREX is contraindicated in patients with known hypersensitivity to celecoxib. CELEBREX should not be given to patients who have demonstrated allergic-type reactions to sulfonamides. CELEBREX should not be given to patients who have experienced asthma, urticaria, or allergic-type reactions after taking aspirin or other NSAIDs. Severe, rarely fatal, anaphylactic-like reactions to NSAIDs have been reported in such patients (see WARNINGS—Anaphylactoid Reactions, and PRECAUTIONS—Preexisting Asthma).

WARNINGS

Gastrointestinal (GI) Effects – Risk of GI Ulceration, Bleeding, and Perforation: Serious GI toxicity such as bleeding, ulceration and perforation of the stomach, small intestine or large intestine, can occur at any time, with or without warning symptoms, in patients treated with NSAIDs. Minor upper GI problems, such as dyspepsia, are common and may also occur at any time during NSAID therapy. Therefore, physicians and patients should remain alert for ulceration and bleeding, even in the absence of previous GI tract symptoms. Patients should be informed about the signs and/or symptoms of serious GI toxicity and the steps to take if they occur. Only 1/5 patients who develop a serious upper GI adverse event on NSAID therapy is symptomatic. Upper GI ulcers, gross bleeding or perforation, caused by NSAIDs, appear to occur in approximately 1% of patients treated for 3–6 months, and in about 2–4% of patients treated for one year. These trends continue thus, increasing the likelihood of developing a serious GI event at some time during the course of therapy. However, even short-term therapy is not without risk. It is unclear, at the present time, how the above rates apply to CELEBREX (see CLINICAL STUDIES – Special Studies in the complete prescribing information). Among 5,285 patients who received CELEBREX in controlled clinical trials of 1 to 6 months duration (most were 3 month studies) at a daily dose of 200 mg or more, 2 (0.04%) experienced significant upper GI bleeding, at 14 and 22 days after initiation of dosing. Approximately 40% of these 5,285 patients were in studies that required them to be free of ulcers by endoscopy at study entry. Thus it is unclear if this study population is representative of the general population. Prospective, long-term studies required to compare the incidence of serious, clinically significant upper GI adverse events in patients taking CELEBREX vs. comparator NSAID products have not been performed. NSAIDs should be prescribed with extreme caution in patients with a prior history of ulcer disease or GI bleeding. Most spontaneous reports of fatal GI events are in elderly or debilitated patients and therefore special care should be taken in treating this population. **To minimize the potential risk for an adverse GI event, the lowest effective dose should be used for the shortest possible duration**. For high risk patients, alternate therapies that do not involve NSAIDs should be considered. Studies have shown that patients with *a prior history of peptic ulcer disease and/or GI bleeding* and who use NSAIDs, have a greater than 10 fold higher risk for developing a GI bleed than patients with neither of these risk factors. In addition to a past history of ulcer disease, pharmacoepidemiological studies have identified several other co-therapies or co-morbid conditions that may increase the risk for GI bleeding such as: treatment with oral corticosteroids, treatment with anticoagulants, longer duration of NSAID therapy, smoking, alcoholism, older age, and poor general health status.

Anaphylactoid Reactions: As with NSAIDs in general, anaphylactoid reactions have occurred in patients without known prior exposure to CELEBREX. In post-marketing experience, rare cases of anaphylactic reactions and angioedema have been reported in patients receiving CELEBREX. CELEBREX should not be given to patients with the aspirin triad. This symptom complex typically occurs in asthmatic patients who experience rhinitis with or without nasal polyps, or who exhibit severe, potentially fatal bronchospasm after taking aspirin or other NSAIDs (see CONTRAINDICATIONS and PRECAUTIONS—Preexisting Asthma). Emergency help should be sought in cases where an anaphylactoid reaction occurs.

Advanced Renal Disease: Treatment with CELEBREX is not recommended.

Pregnancy: In late pregnancy CELEBREX should be avoided because it may cause premature closure of the ductus arteriosus.

PRECAUTIONS

General: CELEBREX cannot be expected to substitute for corticosteroids or to treat corticosteroid insufficiency. The pharmacological activity of CELEBREX in reducing inflammation, and possibly fever, may diminish the utility of these diagnostic signs in detecting infectious complications of presumed non-infectious, painful conditions.

Hepatic Effects: Borderline elevations of one or more liver tests may occur in up to 15% of patients taking NSAIDs, and notable elevations of ALT or AST (approximately three or more times the upper limit of normal) have been reported in approximately 1% of patients in clinical trials with NSAIDs. These laboratory abnormalities may progress, may remain unchanged, or may be transient with continuing therapy. Rare cases of severe hepatic reactions, including jaundice and fatal fulminant hepatitis, liver necrosis and hepatic failure (some with fatal outcome) have been reported with NSAIDs, including CELEBREX. (See ADVERSE REACTIONS—post-marketing experience.) In controlled clinical trials of CELEBREX, the incidence of borderline elevations of liver tests was 6% for CELEBREX and 5% for placebo, and approximately 0.2% of patients taking CELEBREX and 0.3% of patients taking placebo had notable elevations of ALT and AST. A patient with symptoms and/or signs suggesting liver dysfunction, or in whom an abnormal liver test has occurred, should be monitored carefully for evidence of the development of a more severe hepatic reaction while on therapy with CELEBREX. If clinical signs and symptoms consistent with liver disease develop, or if systemic manifestations occur (e.g., eosinophilia, rash, etc.), CELEBREX should be discontinued.

Renal Effects: Long-term administration of NSAIDs has resulted in renal papillary necrosis and other renal injury. Renal toxicity has also been seen in patients in whom renal prostaglandins have a compensatory role in the maintenance of renal perfusion. In these patients, administration of an NSAID may cause a dose-dependent reduction in prostaglandin formation and, secondarily, in renal blood flow, which may precipitate overt renal decompensation. Patients at greatest risk of this reaction are those with impaired renal function, heart failure, or liver dysfunction, those taking diuretics and ACE inhibitors, and the elderly. Discontinuation of NSAID therapy is usually followed by recovery to the pretreatment state. Clinical trials with CELEBREX have shown renal effects similar to those observed with comparator NSAIDs. Caution should be used when initiating treatment with CELEBREX in patients with considerable dehydration. It is advisable to rehydrate patients first and then start therapy with CELEBREX. Caution is also recommended in patients with pre-existing kidney disease (see WARNINGS—Advanced Renal Disease).

Hematological Effects: Anemia may occur. In controlled clinical trials the incidence of anemia was 0.6% with CELEBREX and 0.4% with placebo. Patients on long-term treatment with CELEBREX should have their hemoglobin or hematocrit checked if they exhibit any signs or symptoms of anemia or blood loss. CELEBREX does not generally affect platelet counts, prothrombin time (PT), or partial thromboplastin time (PTT), and does not appear to inhibit platelet aggregation at indicated dosages (See CLINICAL STUDIES—Special Studies—Platelets in the complete prescribing information).

Fluid Retention and Edema: Fluid retention and edema may occur (see ADVERSE REACTIONS). Therefore, CELEBREX should be used with caution in patients with fluid retention, hypertension, or heart failure.

Preexisting Asthma: Do not use in patients with aspirin-sensitive asthma because of the risk of severe bronchospasm. Use with caution in patients with preexisting asthma.

Laboratory Tests: Because serious GI tract ulcerations and bleeding can occur without warning symptoms, physicians should monitor for signs or symptoms of GI bleeding. During the controlled clinical trials, there was an increased incidence of hyperchloremia in patients receiving celecoxib compared with patients on placebo. Other laboratory abnormalities that occurred more frequently in the patients receiving celecoxib included hypophosphatemia, and elevated BUN. These laboratory abnormalities were also seen in patients who received comparator NSAIDs in these studies. The clinical significance of these abnormalities has not been established.

Drug Interactions: ***General***: Celecoxib metabolism is predominantly mediated via cytochrome P450 2C9 in the liver. Co-administration of celecoxib with drugs that are known to inhibit 2C9 should be done with caution. *In vitro* studies indicate that celecoxib, although not a substrate, is an inhibitor of cytochrome P450 2D6. Therefore, there is a potential for an *in vivo* drug interaction with drugs that are metabolized by P450 2D6. ***ACE-inhibitors***: Reports suggest that NSAIDs may diminish the antihypertensive effect of Angiotensin Converting Enzyme (ACE) inhibitors. This interaction should be given consideration in patients taking CELEBREX concomitantly with ACE-inhibitors. ***Furosemide***: Clinical studies, as well as post marketing observations, have shown that NSAIDs can reduce the natriuretic effect of furosemide and thiazides in some patients. This response has been attributed to inhibition of renal prostaglandin synthesis. ***Aspirin***: CELEBREX can be used with low dose aspirin. However, concomitant administration of aspirin with CELEBREX may result in an increased rate of GI ulceration or other complications, compared to use of CELEBREX alone (see CLINICAL STUDIES—Special Studies—Gastrointestinal in the complete prescribing information). Because of its lack of platelet effects, CELEBREX is not a substitute for aspirin for cardiovascular prophylaxis. ***Fluconazole***: Concomitant administration of fluconazole at 200 mg OD resulted in a two-fold increase in celecoxib plasma concentration. This increase is due to the inhibition of celecoxib metabolism via P450 2C9 by fluconazole (see Pharmacokinetics—Metabolism). CELEBREX should be introduced at the lowest recommended dose in patients receiving fluconazole. ***Lithium***: In a study conducted in healthy subjects, mean steady-state lithium plasma levels increased approximately 17% in subjects receiving lithium 450 mg BID with CELEBREX 200 mg BID as compared to subjects receiving lithium alone. Patients on lithium treatment should be closely monitored when CELEBREX is introduced or withdrawn. ***Methotrexate***: In an interaction study of rheumatoid arthritis patients taking methotrexate, CELEBREX did not have a significant effect on the pharmacokinetics of methotrexate. ***Warfarin***: In coagulant activity should be monitored, particularly in the first few days, after initiating or changing CELEBREX therapy in patients receiving warfarin or similar agents, since these patients are at increased risk of bleeding complications. The effect of celecoxib on the anticoagulant effect of warfarin was studied in a group of healthy subjects receiving daily doses of 2–5 mg of warfarin. In these subjects, celecoxib did not alter the anticoagulant effect of warfarin as determined by prothrombin time. However, in post-marketing experience, bleeding events have been reported, predominantly in the elderly, in association with increases in prothrombin time in patients receiving CELEBREX currently with warfarin. **Carcinogenesis, mutagenesis, impairment of fertility**: Celecoxib was not carcinogenic in rats given oral doses up to 200 mg/kg for males and 10 mg/kg for females (approximately 2- to 4-fold the human exposure as measured by the AUC_{0-24} at 200 mg BID) or in mice given oral doses up to 25 mg/kg for males and 50 mg/kg for females (approximately equal to human exposure as measured by the AUC_{0-24} at 200 mg BID) for two years. Celecoxib was not mutagenic in an Ames test and a mutation assay in Chinese hamster ovary (CHO) cells, nor clastogenic in a chromosome aberration assay in CHO cells and an *in vivo* micronucleus test in rat bone marrow. Celecoxib did not impair male and female fertility in rats at oral doses up to 600 mg/kg/day (approximately 11-fold human exposure at 200 mg BID based on the AUC_{0-24}).

Pregnancy: ***Teratogenic effects***: Pregnancy Category C. Celecoxib was not teratogenic in rats up to an oral dose of 60 mg/kg/day (equal to human exposure at 200 mg BID as measured by AUC); however, at oral doses ≥150 mg/kg/day (approximately 2-fold human exposure at 200 mg BID as measured by AUC_{0-24}), an increased incidence of fetal alterations, such as ribs fused, sternebrae fused and sternebrae misshapen, was observed. A dose-dependent increase in diaphragmatic hernia was observed in one of two rat studies at oral doses ≥30 mg/kg/day (approximately 6-fold human exposure based on the AUC_{0-24} at 200 mg BID). There are no studies in pregnant women. Celecoxib should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus. ***Nonteratogenic effects***. Celecoxib produced preimplantation and post-implantation loss and reduced embryo/fetal survival in rats at oral dosages ≥50 mg/kg/day (approximately 6-fold human exposure based on the AUC_{0-24} at 200 mg BID). These changes are expected with inhibition of prostaglandin synthesis and are not the result of permanent alteration of female reproductive function nor are they expected at clinical exposures. No studies have been conducted to evaluate the effect of celecoxib on the closure of the ductus arteriosus in humans. Therefore, use of CELEBREX during the third trimester of pregnancy should be avoided. **Labor and delivery**: Celecoxib produced evidence of delayed labor or parturition at oral doses up to 100 mg/kg in rats (approximately human exposure as measured by the AUC_{0-24} at 200 mg BID). The effects of CELEBREX on labor and delivery in pregnant women are unknown. **Nursing mothers**: It is not known whether this drug is excreted in human milk. Because many drugs are excreted in human milk and because of the potential for serious adverse reactions in nursing infants from CELEBREX, a decision should be made whether to discontinue nursing or to discontinue the drug, taking into account the importance of the drug to the mother.

Pediatric Use: Safety and effectiveness in pediatric patients below the age of 18 years have not been evaluated.

Geriatric Use: Of the total number of patients who received CELEBREX in clinical trials, more than 2,100 were 65–74 years of age, while approximately 800 additional patients were 75 years and over. While the incidence of adverse experiences tended to be higher in elderly patients, no substantial differences in safety and effectiveness were observed between these subjects and younger subjects. Other reported clinical experience has not identified differences in response between the elderly and younger patients, but greater sensitivity of some older individuals cannot be ruled out. In pharmacokinetic studies comparing renal function as measured by the GFR, BUN and creatinine, and platelet function as measured by bleeding time and platelet aggregation, the results were not different between elderly and young volunteers.

ADVERSE REACTIONS

Adverse events occurring *in* ≥2% of Celebrex patients from controlled arthritis trials, regardless of causality at recommended doses (N=4146): abdominal pain 4.1%, diarrhea 5.6%, dyspepsia, flatulence 2.2%, nausea 3.5%, back pain 2.8%, peripheral edema 2.1%, injury-accidental 2.9%, dizziness 2.0%, headache 15.8%, insomnia 2.3%, pharyngitis 2.3%, rhinitis 2.0%, sinusitis 5.0%, upper respiratory tract infection 8.1%, rash 2.2%. In placebo- or active-controlled clinical trials, the discontinuation rate due to adverse events was 7.1% for patients receiving CELEBREX and 6.1% for patients receiving placebo. Among the most common reasons for discontinuation due to adverse events in the CELEBREX treatment groups were dyspepsia and abdominal pain (cited as reasons for discontinuation in 0.8% and 0.7% of CELEBREX patients, respectively). Among patients receiving placebo who discontinued due to dyspepsia and 0.6% withdrew due to abdominal pain. The following adverse events occurred in 0.1–1.9% of patients regardless of causality.

Celebrex (100-200 mg BID or 200 mg QD): ***GI***: Constipation, diverticulitis, dysphagia, eructation, esophagitis, gastritis, gastroenteritis, gastroesophageal reflux, hemorrhoids, hiatal hernia, increased dry mouth, stomatitis, tenesmus, tooth disorder, vomiting; ***Cardiovascular***: Aggravated hypertension, angina pectoris, coronary artery disorder, myocardial infarction; ***General***: Allergy aggravated, allergic reaction, asthenia, chest pain, cyst NOS, edema generalized, face edema, fatigue, fever, hot flashes, influenza-like symptoms, pain, peripheral pain; ***Resistance mechanism disorders***: Herpes simplex, herpes zoster, infection bacterial, infection fungal, infection soft tissue, infection viral, moniliasis, moniliasis genital, otitis media; ***Central, peripheral nervous system***: Leg cramps, hypertonia, hypesthesia, migraine, neuralgia, neuropathy, paresthesia, vertigo; ***Female reproductive***: Breast fibrocystic disease, breast neoplasm, breast pain, dysmenorrhea, menstrual disorder, vaginal hemorrhage, vaginitis; ***Male reproductive***: Prostatic disorder; ***Hearing and vestibular***: Deafness, ear abnormality, earache, tinnitus; ***Heart rate and rhythm***: Palpitation, tachycardia; ***Liver and biliary system***: Hepatic function abnormal, SGOT increased, SGPT increased. ***Metabolic and nutritional***: BUN increased, creatinine increased, diabetes mellitus, hypercholesterolemia, hyperglycemia, hypokalemia, NPN increased, serum creatinine increased, alkaline phosphatase increased, weight increase; ***Musculoskeletal***: Arthralgia, arthrosis, bone disorder, fracture accidental, myalgia, neck stiffness, synovitis, tendinitis; ***Platelet (bleeding or clotting)***: Ecchymosis, epistaxis, thrombocythemia; ***Psychiatric***: Anorexia, decreased appetite increased, depression, nervousness, somnolence; ***Hemic***: Anemia; ***Respiratory***: Bronchitis, bronchospasm, bronchospasm aggravated, coughing, dyspnea, laryngitis, pneumonia; ***Skin and appendages***: Alopecia, dermatitis, nail disorder, photosensitivity reaction, pruritus, rash erythematous, rash maculopapular, skin disorder, skin dry, sweating increased, urticaria; ***Application disorders***: Cellulitis, dermatitis contact, injection site reaction, skin nodule; ***Special senses***: Taste perversion; ***Urinary system***: Albuminuria, cystitis, dysuria, hematuria, micturition frequency, renal calculus, urinary incontinence, urinary tract infection; ***Vision***: Blurred vision, cataract, conjunctivitis, eye pain, glaucoma.

Other serious adverse reactions which occur rarely (estimated <0.1%), regardless of causality following serious adverse events have occurred rarely in patients taking CELEBREX. Cases reported only in the post-marketing experience are indicated in italics. ***Cardiovascular***: Syncope, congestive heart failure, ventricular fibrillation, pulmonary embolism, cerebrovascular accident, peripheral gangrene, thrombophlebitis, *vasculitis*; ***GI***: Intestinal obstruction, intestinal perforation, gastrointestinal bleeding, colitis with bleeding, esophageal perforation, pancreatitis, ileus; ***Liver and biliary system***: Cholelithiasis, *hepatitis, jaundice, liver failure*; ***Hemic and lymphatic***: Thrombocytopenia, *agranulocytosis, aplastic anemia, pancytopenia, leukopenia*; ***Metabolic***: *Hypoglycemia*; ***Nervous system***: Ataxia, suicide; ***Renal***: Acute renal failure, *interstitial nephritis*; ***Skin***: *Erythema multiforme, exfoliative dermatitis, Stevens-Johnson syndrome, toxic epidermal necrolysis*; ***General***: *Anaphylaxis*, sudden death, *anaphylactoid reaction, angioedema*.

OVERDOSAGE

Symptoms following acute NSAID overdoses are usually limited to lethargy, drowsiness, nausea, vomiting, and epigastric pain, which are generally reversible with supportive care. GI bleeding may occur. Hypertension, acute renal failure, respiratory depression and coma may occur, but are rare. Anaphylactoid reactions have been reported with therapeutic ingestion of NSAIDs, and may occur following an overdose. Patients should be managed by symptomatic and supportive care following an NSAID overdose. There are no specific antidotes. No information is available regarding the removal of celecoxib by hemodialysis, but based on its high degree of plasma protein binding (>97%) dialysis is unlikely to be useful in overdose. Emesis and/or activated charcoal (60 to 100 g in adults, 1–2 g/kg in children) and/or osmotic cathartic may be indicated in patients seen within 4 hours of ingestion with symptoms or following a large overdose. Forced diuresis, alkalinization of urine, hemodialysis, or hemoperfusion may not be useful due to high protein binding.

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LHJ SPECIAL OFFER

Storm's A Brewin'



Adventurous Sailors who navigated clipper ships had to rely on weather glasses like this one to warn of approaching storms at sea. The Cape Cod Weather Glass is also a fun way to predict weather changes at home! Simply fill the glass with colored water and hang it out of direct sunlight. A slow rise of the fluid up the spout forecasts a storm as much as 24 hours away. A rapid rise means an approaching local storm. A rapid fall means the storm has changed its course or is nearly over and there's clear weather ahead. This is a great gift idea for weather watchers! The hand-blown weather glass comes with a black steel mounting bracket and measures 12"x3¼". One sells for $46.95. Additionals are $42.



Know It All

The Garden Weather Center is an all-in-one weather station that records temperature, precipitation levels and wind speed. The large numbers on the 15" thermometer can easily be read from a distance. The attached rain gauge measures precipitation levels, while the weather vane and wind spinner on top of the center show relative wind speed and direction. The Garden Weather Center stands over five feet tall and sells for $25.95. Great Gift idea for weather watchers!

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More than just a wrinkle remover

Not only does Botox make skin look younger and smoother, doctors say it's one of the most promising treatments for a variety of ailments

By Richard Laliberte



Miracle drug? Botox is being used to treat everything from back pain to cerebral palsy

The beauty industry is buzzing about Botox, the drug that can erase wrinkles by temporarily paralyzing facial muscles. But research shows that botulinum toxin type A, better known by the brand name Botox, can bring more than just superficial results. Long before it was discovered to be a wrinkle remover, Botox was approved by the FDA in 1989 for the treatment of strabismus, or lazy eye, a condition in which muscle imbalances cause the eyeball to drift out of alignment. Since then, studies have found that Botox may help ease migraines, reduce back pain, soothe facial tics and even ease symptoms of cerebral palsy. In fact, it has been studied for the treatment of 25 different afflictions and, in many cases, has become the most effective therapy available. "The expansion of Botox use is staggering," says Joseph Jankovic, M.D., director of the Movement Disorder Clinic at Baylor College of Medicine, in Houston.

In large amounts, botulinum, the bacteria that causes botulism, is so poisonous that it can cause massive paralysis and even death. But when injected in tiny doses directly into muscles, its effects can be limited to a small area, where it attacks nerve endings and blocks the signal that causes muscles to contract. And because Botox does not enter the bloodstream, it usually has far fewer side effects than other medications.

Unfortunately, the injections don't cure the underlying cause of the condition. (In most disorders that Botox treats, the real cause is unknown.) That means patients must keep coming back for treatment, usually about every three months at a cost of at least $400 per session—an expense sometimes, but most often not, covered by insurance. Even so, Botox has become so much the treatment of choice that doctors fear some patients may be developing resistance to it. The problem may create a market for botulinum toxin type B, dubbed Myobloc, which was approved by the FDA in December to treat abnormal spasms in the neck and shoulders and may extend treatment options for other patients.

Just how much can this beauty treatment really do? Take a look at the possibilities:

Manage migraines

While the causes of migraine headaches aren't known, experts have long assumed that hormonal imbalances are largely to blame. "We didn't think muscles were related to migraines," says Alexander Mauskop, M.D., director of the New York Headache Center, in New York City. But in an unpublished study of 38 migraine patients treated with Botox injections in the forehead, Mauskop found that two thirds reported that their headaches improved by 50 percent or more—a rate higher than that of standard drug treatments. Such results suggest that muscle spasms may trigger migraines, perhaps by *(continued)*

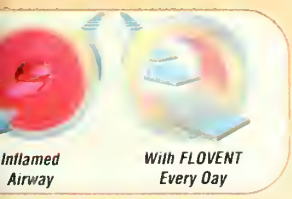
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Inflamed Airway

With FLOVENT Every Day



Help take control with FLOVENT

Used twice a day, every day, FLOVENT helps reduce the inflammation in your airways—the very inflammation that causes shortness of breath, wheezing, and asthma attacks. Because FLOVENT helps control the inflammation that causes asthma symptoms in the first place, it actually helps improve lung function over time.

Side effects with FLOVENT are generally mild. The most common side effects in medical studies of patients using FLOVENT up to 220 mcg twice daily were: headache (17% - 22%), upper respiratory infection (15% - 22%), nasal congestion (8% - 16%), sore throat (10% - 14%), sinusitis (3% - 6%), and influenza (3% - 8%).

Important Information About FLOVENT

FLOVENT won't replace fast-acting inhalers for sudden attacks. It's important to be careful if your doctor switches you to FLOVENT, an inhaled steroid, from an oral steroid like prednisone. While adjusting to the decreasing doses of prednisone, your body is not as able to heal after surgery, infection, or serious injury. Indicated for patients 12 years and older. See your doctor if your asthma does not improve.

ASK YOUR DOCTOR whether FLOVENT is right for you. For more information call ***1-800-8-FLOVENT.***



FloVent® 44 mcg 110 mcg
(fluticasone propionate) Inhalation Aerosol

Now this is asthma control!

.asthmacontrol.com

Please see important information on adjacent page.

GlaxoWellcome

BRIEF SUMMARY

FLOVENT® 44 mcg
(fluticasone propionate, 44 mcg)
Inhalation Aerosol

FLOVENT® 110 mcg
(fluticasone propionate, 110 mcg)
Inhalation Aerosol

FLOVENT® 220 mcg
(fluticasone propionate, 220 mcg)
Inhalation Aerosol

For Oral Inhalation Only

This is a brief summary of prescribing information for complete product information

CONTRAINDICATIONS: FLOVENT Inhalation Aerosol is contraindicated in the primary treatment of status asthmaticus or other acute episodes of asthma where intensive measures are required

Hypersensitivity to any of the ingredients of these preparations contraindicates their use

WARNINGS:

Special care is needed for patients who are transferred from systemically active corticosteroids to FLOVENT Inhalation Aerosol because deaths due to adrenal insufficiency have occurred in patients with asthma during and after transfer from systemic corticosteroids to less systemically available inhaled corticosteroids. After withdrawal from systemic corticosteroids, a number of months are required for recovery of hypothalamic-pituitary-adrenal (HPA) function.

Patients who have been previously maintained on 20 mg or more per day of prednisone (or its equivalent) may be most susceptible, particularly when systemic corticosteroids have been almost completely withdrawn. During this period of HPA suppression, patients may exhibit signs and symptoms of adrenal insufficiency when exposed to trauma, surgery, or infection (particularly gastroenteritis) or other conditions associated with severe electrolyte loss. Although fluticasone propionate inhalation aerosol may provide control of asthma symptoms during these episodes, in recommended doses it supplies less than normal physiological amounts of glucocorticoid systemically and does NOT provide the mineralocorticoid activity that is necessary for coping with these emergencies.

During periods of stress or a severe asthma attack, patients who have been withdrawn from systemic corticosteroids should be instructed to resume systemic steroids in large doses immediately and to contact their physicians for further instruction. These patients should also be instructed to carry a warning card indicating that they may need supplementary systemic corticosteroids during periods of stress or a severe asthma attack.

Patients requiring oral corticosteroids should be weaned slowly from systemic corticosteroid use after transferring to fluticasone propionate inhalation aerosol. In a trial of 96 patients, prednisone reduction was successfully accomplished by reducing the daily prednisone dose by 2.5 mg on a weekly basis during transfer to inhaled fluticasone propionate. Successive reduction of prednisone dose was allowed only when lung function, symptoms, and as-needed beta agonist use were better than or comparable to that seen before initiation of prednisone dose reduction. Lung function (forced expiratory volume in 1 second [FEV$_1$] or morning peak expiratory flow rate [AM PEFR]), beta-agonist use, and asthma symptoms should be carefully monitored during withdrawal of oral corticosteroids. In addition to monitoring asthma signs and symptoms, patients should be observed for signs and symptoms of adrenal insufficiency such as fatigue, lassitude, weakness, nausea and vomiting, and hypotension.

Transfer of patients from systemic corticosteroid therapy to fluticasone propionate inhalation aerosol may unmask conditions previously suppressed by the systemic corticosteroid therapy, e.g., rhinitis, conjunctivitis, eczema, and arthritis.

Persons who are on drugs that suppress the immune system are more susceptible to infections than healthy individuals. Chickenpox and measles, for example, can have a more serious or even fatal course in susceptible children or adults on corticosteroids. In such children or adults who have not had these diseases, particular care should be taken to avoid exposure. How the dose, route, and duration of corticosteroid administration affects the risk of developing a disseminated infection is not known. The contribution of the underlying disease and/or prior corticosteroid treatment to the risk is also not known. If exposed to chickenpox, prophylaxis with varicella zoster immune globulin (VZIG) may be indicated. If exposed to measles, prophylaxis with pooled intramuscular immunoglobulin (IG) may be indicated. (See the respective package inserts for complete VZIG and IG prescribing information.) If chickenpox develops, treatment with antiviral agents may be considered.

Fluticasone propionate inhalation aerosol is not to be regarded as a bronchodilator and is not indicated for rapid relief of bronchospasm.

As with other inhaled asthma medications, bronchospasm may occur with an immediate increase in wheezing after dosing. If bronchospasm occurs following dosing with FLOVENT Inhalation Aerosol, it should be treated immediately with a fast-acting inhaled bronchodilator. Treatment with FLOVENT Inhalation Aerosol should be discontinued and alternative therapy instituted.

Patients should be instructed to contact their physicians immediately when episodes of asthma that are not responsive to bronchodilators occur during the course of treatment with fluticasone propionate inhalation aerosol. During such episodes, patients may require therapy with oral corticosteroids.

PRECAUTIONS:

General: During withdrawal from oral corticosteroids, some patients may experience symptoms of systemically active corticosteroid withdrawal (e.g., joint and/or muscular pain, lassitude, and depression) despite maintenance or even improvement of respiratory function.

Fluticasone propionate will often permit control of asthma symptoms with less suppression of HPA function than therapeutically equivalent oral doses of prednisone. Since fluticasone propionate is absorbed into the circulation and can be systemically active at higher doses, the beneficial effects of fluticasone propionate inhalation aerosol in minimizing HPA dysfunction may be expected only when recommended dosages are not exceeded and individual patients are titrated to the lowest effective dose. A relationship between plasma levels of fluticasone propionate and inhibitory effects on stimulated cortisol production has been shown after 4 weeks of treatment with fluticasone propionate inhalation aerosol. Since individual sensitivity to effects on cortisol production exists, physicians should consider this information when prescribing fluticasone propionate inhalation aerosol.

Because of the possibility of systemic absorption of inhaled corticosteroids, patients treated with these drugs should be observed carefully for any evidence of systemic corticosteroid effects. Particular care should be taken in observing patients postoperatively or during periods of stress for evidence of inadequate adrenal response.

It is possible that systemic corticosteroid effects such as hypercorticism and adrenal suppression may appear in a small number of patients, particularly at higher doses. If such changes occur, fluticasone propionate inhalation aerosol should be reduced slowly, consistent with accepted procedures for reducing systemic corticosteroids and for management of asthma symptoms.

A reduction of growth velocity in children or teenagers may occur as a result of inadequate control of chronic diseases such as asthma or from use of corticosteroids for treatment. Physicians should closely follow the growth of adolescents taking corticosteroids by any route and weigh the benefits of corticosteroid therapy and asthma control against the possibility of growth suppression if an adolescent's growth appears slowed.

The long-term effects of fluticasone propionate in human subjects are not fully known. In particular, the effects resulting from chronic use of fluticasone propionate on developmental or immunologic processes in the mouth, pharynx, trachea, and lung are unknown. Some patients have received fluticasone propionate inhalation aerosol on a continuous basis for periods of 3 years or longer. In clinical studies with patients treated for nearly 2 years with inhaled fluticasone propionate, no apparent differences in the type or severity of adverse reactions were observed after long- versus short-term treatment.

Rare instances of glaucoma, increased intraocular pressure, and cataracts have been reported following the inhaled administration of corticosteroids, including fluticasone propionate.

In clinical studies with inhaled fluticasone propionate, the development of localized infections of the pharynx with *Candida albicans* has occurred. When such an infection develops, it should be treated with appropriate local or systemic (i.e., oral antifungal) therapy while remaining on treatment with fluticasone propionate inhalation aerosol, but at times therapy with fluticasone propionate may need to be interrupted.

Inhaled corticosteroids should be used with caution, if at all, in patients with active or quiescent tuberculosis infection of the respiratory tract; untreated systemic fungal, bacterial, viral or parasitic infections; or ocular herpes simplex.

Eosinophilic Conditions: In rare cases, patients on inhaled fluticasone propionate may present with systemic eosinophilic conditions, with some patients presenting with clinical features of vasculitis consistent with Churg-Strauss syndrome, a condition that is often treated with systemic corticosteroid therapy. These events usually, but not always, have been associated with the reduction and/or withdrawal of oral corticosteroid therapy following the introduction of fluticasone propionate. Cases of serious eosinophilic conditions have also been reported with other inhaled corticosteroids in this clinical setting. Physicians should be alert to eosinophilia, vasculitic rash, worsening pulmonary symptoms, cardiac complications, and/or neuropathy presenting in their patients. A causal relationship between fluticasone propionate and these underlying conditions has not been established (see ADVERSE REACTIONS).

Information for Patients: Patients being treated with FLOVENT Inhalation Aerosol should receive the following information and instructions. This information is intended to aid them in the safe and effective use of this medication. It is not a disclosure of all possible adverse or intended effects.

Patients should use FLOVENT Inhalation Aerosol at regular intervals as directed. Results of clinical trials indicated significant improvement may occur within the first day or two of treatment, however the full benefit may not be achieved until treatment has been administered for 1 to 2 weeks or longer. The patient should not increase the prescribed dosage but should contact the physician if symptoms do not improve or if the condition worsens.

Patients should be warned to avoid exposure to chickenpox or measles and, if they are exposed, to consult their physicians without delay.

For the proper use of FLOVENT Inhalation Aerosol and to attain maximum improvement, the patient should read and follow carefully the accompanying Patient's Instructions for Use.

Carcinogenesis, Mutagenesis, Impairment of Fertility: Fluticasone propionate demonstrated no tumorigenic potential in studies of oral doses up to 1000 mcg/kg (approximately 1.4 times the maximum human daily inhalation dose based on mcg/m^2) for 78 weeks in the mouse or inhalation of up to 57 mcg/kg (approximately 1.4 times maximum human daily inhalation dose based on mcg/m^2) for 104 weeks in the rat.

Fluticasone propionate did not induce gene mutation in prokaryotic or eukaryotic cells in vitro. No significant clastogenic effect was seen in cultured human peripheral lymphocytes exposed in vitro or in the mouse micronucleus test when administered at high doses by the oral or subcutaneous routes. Furthermore, the compound did not suppress erythroblast division in bone marrow.

No evidence of impairment of fertility was observed in reproductive studies conducted in rats dosed subcutaneously with doses up to 50 mcg/kg (approximately 1/4 the maximum human daily inhalation dose based on mcg/m^2) in males and females. However prostate weight was significantly reduced in rats.

Pregnancy: *Teratogenic Effects:* Pregnancy Category C. Subcutaneous studies in the mouse and rat at 45 and 100 mcg/kg, respectively (approximately 1/10 and 1/2 the maximum human daily inhalation dose based on mcg/m^2, respectively), revealed fetal toxicity characteristic of potent glucocorticoid compounds including embryonic growth retardation, omphalocele, cleft palate, and retarded cranial ossification.

In the rabbit, fetal weight reduction and cleft palate were observed following subcutaneous doses of 4 mcg/kg (approximately 1/25 the maximum daily inhalation dose based on mcg/m^2). However following oral administration of up to 300 mcg/kg (approximately 3 times the maximum human daily inhalation dose based on mcg/m^2) of fluticasone propionate to the rabbit, there were no maternal effects nor increased incidence of external or skeletal fetal defects. No fluticasone propionate was detected in the plasma in this study, consistent with the established low bioavailability following oral administration (see CLINICAL PHARMACOLOGY section of full prescribing information).

Less than 0.008% of the administered dose crossed the placenta following oral administration of 100 mcg/kg to rats or 300 mcg/kg to rabbits (approximately 1/2 and 3 times the maximum human daily inhalation dose based on mcg/m^2, respectively).

There are no adequate and well-controlled studies in pregnant women. Fluticasone propionate should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus.

Experience with oral glucocorticoids since their introduction in pharmacologic, as opposed to physiologic, doses suggests that rodents are more prone to teratogenic effects from glucocorticoids than humans. In addition, because there is a natural increase in glucocorticoid production during pregnancy, most women will require a lower exogenous glucocorticoid dose and many will not need glucocorticoid treatment during pregnancy.

Nursing Mothers: It is not known whether fluticasone propionate is excreted in human breast milk. Subcutaneous administration of 10 mcg/kg of the drug to lactating rats (approximately 1/20 the maximum human daily inhalation dose based on mcg/m^2) resulted in measurable radioactivity in plasma and milk. Because glucocorticoids are excreted in human milk, caution should be exercised when fluticasone propionate inhalation aerosol is administered to a nursing woman.

Pediatric Use: One hundred thirty-seven (137) patients between the ages of 12 and 16 years were treated with fluticasone propionate inhalation aerosol in the US pivotal clinical trials. The safety and effectiveness of FLOVENT Inhalation Aerosol in children below 12 years of age have not been established. Oral corticosteroids have been shown to cause a reduction in growth velocity in children and teenagers with extended use. If a child or teenager on chronic corticosteroid appears to have growth suppression, the possibility that they are particularly sensitive to this effect of corticosteroids should be considered (see PRECAUTIONS).

Geriatric Use: Five hundred seventy-four (574) patients 65 years of age or older have been treated with fluticasone propionate inhalation aerosol in non-US clinical trials. There were no differences in adverse reactions compared to those reported by younger patients.

ADVERSE REACTIONS: The following incidence of common adverse experiences is based upon 7 placebo-controlled US clinical trials involving 1243 patients (509 female and 734 male adolescents and adults previously treated with as-needed bronchodilators and/or inhaled corticosteroids) treated with fluticasone propionate inhalation aerosol (doses of 88 to 440 mcg twice daily for up to 12 weeks) or placebo.

Overall Adverse Experiences With >3% Incidence on Fluticasone Propionate in US Controlled Clinical Trials in Patients Previously Receiving Bronchodilators and/or Inhaled Corticosteroids

Adverse Event	Placebo (n = 475) %	FLOVENT 88 mcg twice daily (n = 488) %	FLOVENT 220 mcg twice daily (n = 95) %	FLOVENT 440 mcg twice daily (n = 86) %
Ear, nose and throat				
Pharyngitis	7	10	14	
Nasal congestion	8	8	16	
Sinusitis	4	3	6	
Nasal discharge	3	5	4	
Dysphonia	1	4	3	
Allergic rhinitis	4	5	3	
Oral candidiasis	1	2	3	
Respiratory				
Upper respiratory infection	12	15	22	
Influenza	2	3	8	
Neurological				
Headache	14	17	22	
Average duration of exposure (days)	44	66	64	

The table above includes all events (whether considered drug-related or nondrug-related by the investigator) that occurred at a rate of over 3% in the combined fluticasone propionate inhalation aerosol groups and were more common than in the placebo group. In considering these data, differences in average duration of exposure should be taken into account.

These adverse reactions were mostly mild to moderate in severity with ≤2% of patients discontinuing the studies because of adverse events. Isolated cases of immediate and delayed hypersensitivity reactions, including urticaria and rash and other rare events of angioedema and bronchospasm, were reported.

Systemic glucocorticoid side effects were not reported during controlled clinical trials with fluticasone propionate inhalation aerosol. If recommended doses are exceeded, however, or if individuals are particularly sensitive, symptoms of hypercorticism, e.g., Cushing's syndrome, could occur.

Other adverse events that occurred in these clinical trials using fluticasone propionate inhalation aerosol with an incidence of 1% to 3% and that occurred at a greater incidence than with placebo were:

Ear, Nose, and Throat: Pain in nasal sinus(es), rhinitis.
Eye: Irritation of the eye(s).
Gastrointestinal: Nausea and vomiting, diarrhea, dyspepsia, and stomach disorder.
Miscellaneous: Fever.
Mouth and Teeth: Dental problem.
Musculoskeletal: Pain in joint, sprain/strain, aches and pains, pain in limb.
Neurological: Dizziness/giddiness.
Respiratory: Bronchitis, chest congestion.
Skin: Dermatitis, rash/skin eruption.
Urogenital: Dysmenorrhea.

In a 16-week study in patients with asthma requiring oral corticosteroids, the effects of fluticasone propionate inhalation aerosol, 660 mcg/day (n = 32) and 880 mcg twice daily (n = 32), were compared with placebo. Adverse events (whether considered drug-related or nondrug-related by the investigator) reported by more than 3 patients in either fluticasone propionate group and which were more common with fluticasone propionate than placebo are shown below.

Ear, Nose, and Throat: Pharyngitis (9% and 25%), nasal congestion (19% and 22%), sinusitis (19% and 22%), nasal discharge (16% and 19%), dysphonia (19% and 9%), pain in nasal sinus(es) (13% and 0%), Candida-like oral lesions (16% and 9%), oropharyngeal candidiasis (25% and 0%).
Respiratory: Upper respiratory infection (31% and 19%), influenza (0% and 13%).
Other: Headache (28% and 24%), pain in joint (19% and 13%), nausea and vomiting (22% and 16%), muscular soreness (22% and 13%), malaise/fatigue (22% and 28%), insomnia (3% and 13%).

Observed During Clinical Practice: In addition to adverse events reported from clinical trials, the following events have been identified during post-use of fluticasone propionate in clinical practice. Because they are reported voluntarily from a population of unknown size, estimates of frequency are not made. These events have been chosen for inclusion due to either their seriousness, frequency of reporting, causal connection to fluticasone propionate, or a combination of these factors.

Ear, Nose, and Throat: Throat soreness and irritation, hoarseness, laryngitis, aphonia.
Endocrine and Metabolic: Cushingoid features, growth velocity reduction in children/adolescents, weight gain, hyperglycemia.
Psychiatry: Restlessness, agitation, aggression, depression.
Respiratory: Immediate bronchospasm, asthma exacerbation, dyspnea, wheeze, chest tightness, bronchospasm, cough.
Skin: Pruritus, contusions, ecchymoses.
Eosinophilic Conditions: In rare cases, patients on inhaled fluticasone propionate may present with systemic eosinophilic conditions, with some patients presenting with clinical features of vasculitis consistent with Churg-Strauss syndrome, a condition that is often treated with systemic corticosteroid therapy. These events usually, but not always, have been associated with the reduction and/or withdrawal of oral corticosteroid therapy following the introduction of fluticasone propionate. Cases of serious eosinophilic conditions have also been reported with other inhaled corticosteroids in this clinical setting. Physicians should be alert to eosinophilia, vasculitic rash, worsening pulmonary symptoms, cardiac complications, and/or neuropathy presenting in their patients. A causal relationship between fluticasone propionate and these underlying conditions has not been established (see PRECAUTIONS, Eosinophilic Conditions).

OVERDOSAGE: Chronic overdosage may result in signs/symptoms of hypercorticism (see PRECAUTIONS). Inhalation by healthy volunteers of a single dose of 1760 or 3520 mcg of fluticasone propionate inhalation aerosol was well tolerated. Fluticasone propionate given by inhalation aerosol at dose of 1320 mcg twice daily for 7 to 15 days to healthy human volunteers was also well tolerated. Repeat oral doses up to 80 mg daily for 10 days in volunteers and repeat oral doses up to 20 mg daily for 42 days in patients were well tolerated. Adverse reactions were of mild or moderate severity; incidences were similar in active and placebo treatment groups. The oral and subcutaneous median lethal doses in rats and mice were >1000 mg/kg (>2000 times the maximum human daily inhalation dose based on mg/m^2).

GlaxoWellcome
Glaxo Wellcome Inc.
Research Triangle Park, NC 27709

US Patent No. 4,335,121

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OX
ued

ating nerves in the brain.

anda Aaron, a 28-year-old real- appraiser in New York City, is ne patient benefiting from the ient. "My migraines are less fre- now," she says. "When I get ir Botox treatments, I can usually a headache go away by taking n. Before, aspirin was a joke." lso appreciates Botox's lack of effects. "Other medications made ain thirty pounds," says Aaron. ox injections tingle and burn ly, but then it's over."

back spasms

ued by the success of Botox in ng headaches and other types of doctors are starting to use it on nts suffering from back pain, h is often caused by muscle ns around the spine. And prelimi- research suggests that the drug is fective in treating low-back pain is for migraines: In a study of atients at Walter Reade Medical er, in Bethesda, Maryland, ercent of those who received x said their pain was reduced by ast 50 percent. A similar study at siana State University Health Sci- s Center, in Shreveport, found back-pain sufferers treated with x not only felt less pain, but also improved range of motion, en- g them to accomplish everyday s like tying their shoes. Experts t know how long the results may but more studies are under way.

kids with CP stay active

bral palsy (CP), a brain disorder, ts movement by causing the mus- to contract and become rigid. The ness can eventually lead to joint rmities and difficulty with normal vities like walking. Given early, ox injections help preserve or in- se range of motion, which, in turn, es physical therapy more effec- "With Botox, kids can make sig- ant jumps in ability that we were able to see before," says Douglas nett, M.D., attending physician in division of pediatric rehabilitation at Children's Hospital of Cincinnati.

In some cases, Botox therapy can also spare children surgery. Samantha Beighle, a 5-year-old patient in Kinnett's group, has mild CP that freezes her leg muscles in a way that forces her to walk on her toes. Doctors could surgically lengthen her calf muscles, but the procedure might need to be repeated as she grows. "I couldn't bear putting her through that when she could get a two-second shot," says her mother, Monica. After getting Botox injections in each leg every few months, Samantha no longer needs the orthotic brace for her right foot and is able to walk, run and play with a normal heel-to-toe motion. Now she gets injections only in her left leg. "Botox is a miracle drug if you ask me," says Monica. "Now, if Samantha says she's interested in playing soccer, I can say, 'Go for it.'"

Stem perspiration

It's normal to sweat when exercising, fighting a fever or dealing with stress, but some people perspire excessively even when they are calm. This condition, called hyperhidrosis, usually affects the palms, feet, armpits or groin. Current therapies aren't pleasant: Patients can cover the sweaty area with aluminum chloride and a thin layer of plastic while sleeping at night, or, in extreme cases, have sweat glands surgically removed. But researchers have started looking to Botox as an alternative. "Botox appears to paralyze the nerve endings that trigger sweat glands so that they don't produce perspiration," says Joseph Jankovic. In one study, Botox reduced palm sweating by an average of 31 percent. Of all Botox applications, antiperspirant treatments last the longest—up to a year. And reportedly, some celebs use the trick to stay dry during important events like the Academy Awards.

Soothe facial tics

"Before I was diagnosed, I thought I couldn't keep my eyes open because I was tired," says Kelly *(continued)*



Regular Botox injections may help ease the severity of migraines

(continued) Saffell, a 31-year-old accountant near Dallas, who suffers from blepharospasm, a condition that causes the eyelids to squint or clamp shut. "But I'd lie down and wouldn't sleep." Her spasms would come and go, but they occurred daily and worsened as the day wore on. The uncontrolled tension in her eyelids also caused excruciating headaches. "It was unbearable," she says. "I was taking pain relievers all day long."

When Saffell was referred to a neurologist, the doctor first prescribed drugs that are often used to control muscle spasms. But the drugs were ineffective and made Saffell drowsy. Eventually, the neurologist suggested Botox treatments, which Saffel now gets from an ophthalmologist every 10 weeks. The shots, administered around her eyebrows and eyelids, prevent the muscles from contracting. "Botox changed my life," says Saffell. "I can make it through the day again."

As with strabismus, the FDA has approved Botox for the treatment of blepharospasm. "Botox is the most important advance we've seen in treating symptoms of blepharospasm—nothing else was working," says Joseph Jankovic. The only reported side effect (which occurs in about 10 percent of patients) is droopiness in one eye from too much toxin, which is corrected in later treatments.

Another disorder called hemifacial spasm can occur alone or with blepharospasm and affects one side of the face, causing muscles to twitch uncontrollably. Although surgery can sometimes relieve the problem, the spasms often return, and the procedure carries significant risks, such as facial paralysis and loss of hearing. Studies find, however, that Botox treatments improve symptoms in a remarkable 90 percent of cases.

Smooth speech

Similar uncontrollable muscle spasms and tightness also can affect the vocal cords. As a result, speech can sound harshly choked or strangled. "In most cases, the vowel sounds are especially difficult," says Randall Plant, M.D., an otolaryngologist with The Voice Center at Eastern Virginia Medical School, in Norfolk. In the past, the best way to fix the condition, called spasmodic dysphonia, was to surgically cut nerves that send signals to the larynx. Often, however, the benefit was only temporary. Botox's effects are also temporary, but far less invasive, usually requiring only a single injection to small muscles about an inch below the skin of the neck. In one case study of 901 patients who received Botox injections, 89 percent reported an improvement in speech. "Botox is replacing surgical treatment," says Plant.

What's next?

With such promising results, doctors are testing Botox for a range of other disorders. For example, the American Heart Association recently reported that Botox can reduce limb stiffness and painful muscle spasms in stroke victims. Botox has also been tested as a treatment for Tourette's syndrome, Parkinson's disease and essential tremors (with mixed results), writer's cramp and temporomandibular joint disorder.

"It floors me that the first pioneers of Botox ever thought to use a toxin this potent in the body," says Douglas Kinnett. "A lot of research still has to be done, but so far, it appears the benefits are great and the risks are small." ■

Richard Laliberte has written for Cooking Light and Fitness.

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No More Periods?

The secret to saying good-bye to your monthly cycle may already be in your medicine cabinet By Sharlene K. Johnson

Next time you're at the drugstore buying tampons and pads, this news may come as a welcome relief: More and more experts are saying it's safe—and perhaps even healthier—*not* to menstruate every month. What's more, skipping your period doesn't require a miracle drug. You can take the same standard birth control pill you may already be using. All you have to do is throw away the seven inactive pills, which allow the lining of the uterus to slough off as menstrual flow, and then begin a new Pill pack right away.

Samantha Poste, 24, an insurance assistant in Boston, has skipped at least six periods since she started taking the Pill seven years ago, mostly for special occasions. "If I could have my period only a few times a year, I would be much happier," she says. In fact, many women have taken advantage of this secret to avoid having their period on their wedding day or while on vacation. Here's what you need to know before you consider going period-free.

A dream come true?

The idea of using the Pill to skip a period isn't new. Although taking the Pill continuously has not been approved by the FDA, doctors have long prescribed such use for women who have painful periods or severe endometriosis. Scientists even investigated continuous use of the Pill in 1977. Findings were generally positive: Eighty-two percent of the women welcomed the reduction in periods, although many had side effects, including weight gain and irregular menstrual cycles.

Yet that research never sparked the interest that two new studies are generating. A pilot study at the University of Washington, in Seattle, is testing the oral contraceptive Alesse in 80 women, half who are using the Pill traditionally and half who are taking the Pill without a break for an entire year. So far, results are promising, and after nine months, women in the continuous-use group have had significantly less bleeding. (The study is funded by Wyeth-Ayerst Laboratories, the maker of Alesse.) The second study, a phase-III clinical trial at Eastern Virginia Medical School, in Norfolk, with more than 1,350 women, is examining a new pill called Seasonale. Although the formulation of the drug is identical to that of many currently available birth control pills, the Seasonale regimen has 84 active pills and seven sugar pills, which cuts the number of periods a woman would have per year from the typical 13 to just four. If the FDA gives the green light, Seasonale, which is made by Barr Laboratories, could be available by 2003.

Why is doing away with your period becoming more acceptable? "Women are less afraid of the Pill now, and more open to *(continued)*

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Taking the Pill continuously will prevent menstruation

(continued) the idea that they can adjust its use to fit their lifestyles," explains Freedolph D. Anderson, M.D., a researcher at Eastern University Medical School, who is supervising the Seasonale trial. Taking the Pill without a monthly break is also safer now than it would have been when the contraceptive was first introduced in the '60s. Early formulas had nearly four times as much estrogen and almost 10 times as much progestin as current pills and caused more side effects, including depression, blood clots, weight gain and breast tenderness.

Some researchers are also beginning to question whether regular menstrual cycles are a necessary precursor for good health. Elsimar Coutinho, M.D., Ph.D., author of *Is Menstruation Obsolete?* (Oxford University Press, 1999), argues that modern women have far more menstrual cycles in a lifetime than women did in the past because they spend much less time pregnant or nursing. Women who have more menstrual cycles—those who begin menstruating before age 12, or who enter menopause after age 55—have an increased risk of ovarian cancer. But experts believe that it's ovulation, not menstruation, that is harmful. When an egg is released, it tears a hole in the ovary lining. This process is normal, but each cycle of damage and repair may increase the chance for cancer to develop.

> Using the Pill can cut the risk of ovarian cancer by as much as 80 percent

Hormones in the Pill prevent ovulation. "Using the birth control pill as it's usually prescribed lowers the risk of ovarian cancer by at least thirty percent after one year, and eighty percent if you use it for twelve years," says Sandra Adamson Fryhofer, M.D., president of the American College of Physicians–American Society of Internal Medicine. "One year of use also will reduce your risk of endometrial cancer by fifty percent." The possibility that ongoing Pill use may even improve those odds sold Kenneth Johnson, D.O., director of the Women's Health Center at Nova Southeastern University, in Fort Lauderdale, Florida. "Ovarian cancer is a silent killer," says Johnson. "Taking oral contraceptives continuously is an idea I introduce to every woman in my practice who has started menstruating."

The Pill is also credited with preventing osteoporosis and reducing acne. In perimenopausal women, it can help relieve hot flashes and vaginal dryness. While these benefits come with traditional use, continuous use may also have added advantages, such as reducing the risk of endometriosis, iron deficiency and health problems, such as migraines, that are exacerbated by menstruation.

There's also a chance that taking the Pill continuously could provide better protection against pregnancy. "A week of placebo pills gives the ovary an opportunity to make an egg," says Leslie Miller, M.D., an assistant professor of obstetrics and gynecology and principal investigator of the study at the University of Washington. "It may be better to have ongoing hormonal suppression."

And, of course, there is the convenience factor. "Many women are happy to rid themselves of the discomfort and annoyance of having a menstrual period," says Roberta Ness, M.D., M.P.H., director of the Epidemiology of Women's Health Program at the University of Pittsburgh Graduate School of Public Health.

Unanswered questions

Even so, some doctors say you might want to think twice before taking the Pill without interruption, and experts agree that you should try it only under the watchful eye of your physician. "The jury is still out on this," says Adelaide Nardone, M.D., a board-certified gynecologist in Mount Kisco, New York, and medical adviser to the Vagisil Women's Health Center. "While this could be an option for some women, I don't think we can universally say this is the way of the future."

There is no long-term research on continuous *(continued on page 78)*

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BRIEF SUMMARY

INDICATIONS AND USAGE

Rheumatoid Arthritis

Crohn's Disease

The safety and efficacy of therapy continued beyond a single dose have not been established in Crohn's disease.

The safety and efficacy of therapy continued beyond three doses have not been established in fistulizing Crohn's disease.

CONTRAINDICATIONS

WARNINGS

RISK OF INFECTIONS

SERIOUS INFECTIONS, INCLUDING SEPSIS AND DISSEMINATED TUBERCULOSIS, HAVE BEEN REPORTED IN PATIENTS RECEIVING TNF-BLOCKING AGENTS, INCLUDING REMICADE. SOME OF THESE INFECTIONS HAVE BEEN FATAL. MANY OF THE SERIOUS INFECTIONS IN PATIENTS TREATED WITH REMICADE HAVE OCCURRED IN PATIENTS ON CONCOMITANT IMMUNOSUPPRESSIVE THERAPY THAT, IN ADDITION TO THEIR CROHN'S DISEASE OR RHEUMATOID ARTHRITIS, COULD PREDISPOSE THEM TO INFECTIONS.

CAUTION SHOULD BE EXERCISED WHEN CONSIDERING THE USE OF REMICADE IN PATIENTS WITH A CHRONIC INFECTION OR A HISTORY OF RECURRENT INFECTION. REMICADE SHOULD NOT BE GIVEN TO PATIENTS WITH A CLINICALLY IMPORTANT ACTIVE INFECTION. PATIENTS SHOULD BE MONITORED FOR SIGNS AND SYMPTOMS OF INFECTION WHILE ON OR AFTER TREATMENT WITH REMICADE. NEW INFECTIONS SHOULD BE CLOSELY MONITORED. IF A PATIENT DEVELOPS A SERIOUS INFECTION INCLUDING SEPSIS, REMICADE THERAPY SHOULD BE DISCONTINUED (see *ADVERSE REACTIONS, Infections*). PATIENTS SHOULD BE EVALUATED FOR THE RISK OF TUBERCULOSIS, INCLUDING LATENT TUBERCULOSIS. TREATMENT FOR TUBERCULOSIS SHOULD BE INITIATED PRIOR TO TREATMENT WITH REMICADE.

Hypersensitivity:

Neurologic Events:

PRECAUTIONS

Autoimmunity:

Malignancy:

Immunogenicity:

Vaccinations:

Drug Interactions:

Carcinogenesis, Mutagenesis and Impairment of Fertility:

Pregnancy Category B:

Nursing Mothers:

Pediatric Use:

Geriatric Use:

ADVERSE REACTIONS:

Infusion-related Reactions:

Infections:

Autoantibodies/Lupus-like Syndrome:

Malignancies/Lymphoproliferative Disease:

Other Adverse Reactions:

ADVERSE EVENTS IN RHEUMATOID ARTHRITIS AND CROHN'S DISEASE STUDIES

OVERDOSAGE:

Storage:

HOW SUPPLIED:

REFERENCES:

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DO YOU HAVE A SURVIVOR STORY TO SHARE?

Turn to page 60 to find out how you or someone you know can be entered to win a lifestyle makeover from the editors of Ladies' Home Journal.

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April 5–7, 10:00AM – 9:00PM
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Based on the "Winnie the Pooh" wor
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Pooh puts a friendly arm around Piglet as they walk through the Hundred Acre Wood.



Tigger and Piglet play a game of peek-a-boo in their favorite hollow log.

Mirrored hardwood display, 18½" H and 14¾" W, is included with your collection.

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Please enter my subscription to the *Winnie the Pooh Thimble Collection* from Lenox, consisting of 24 hand-painted thimbles, to be sent to me at the rate of two every *other* month. Bill me for one thimble a month—just $12.95*—and send the Hunny Pot hardwood display at no added cost. My satisfaction is guaranteed, and I may cancel my subscription at any time.

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Mother's Little Gems Pendant

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To a mother, each child is a precious jewel. Her love for each child is the same, yet different. Now, the artists of Lenox have created an heirloom-quality pendant, reflecting a mother's special affection for her children.

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The *Mother's Little Gems Pendant* is available direct from Lenox at $95, payable in convenient monthly installments. A Certificate of Authenticity and 20" matching chain with lobster clasp will accompany the sterling silver birthstone pendant.



You select genuine birthstones to create a unique and personal pendant. Shown actual size.

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MAR/Aquamarine		SEP/Sapphire	
APR/Diamond		OCT/Opal	
MAY/Emerald		NOV/Blue Topaz	
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Order Form • Mail by April 30, 2001

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I need send no money now. I will be billed for my pendant in five monthly installments of $19* each.

Personalization instructions: Use the following list to select the mother's and children's birthstones you desire. Print the three-letter month abbreviations in block letters in the grids below.

JAN/Garnet	MAY/Emerald	SEP/Sapphire
FEB/Amethyst	JUN/Pearl	OCT/Opal
MAR/Aquamarine	JUL/Ruby	NOV/Blue Topaz
APR/Diamond	AUG/Peridot	DEC/Turquoise

Mother's birthstone: ☐☐☐

Children's birthstones (one for each child; limit 6):

☐☐☐ ☐☐☐ ☐☐☐ ☐☐☐ ☐☐☐ ☐☐☐

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(continued from page 72) use of the Pill, so there may be hidden risks. By omitting a week of inactive pills, women consume slightly more estrogen, which may increase the risk of blood clots, and, in extreme cases, stroke, since estrogen contributes to clotting in some women.

Another highly controversial issue is whether an additional week per month on the Pill could affect a woman's breast-cancer risk. Experts often disagree on whether oral contraceptives have any effect. Some discount as unsubstantiated the few small studies that have shown that taking birth control pills for five years or longer may slightly increase the risk (a risk that disappears 10 years after a woman has stopped using oral contraceptives). A woman who currently has breast cancer, however, should not take the Pill, because estrogen has been shown to boost the growth of existing tumors.

WILL GIVING UP YOUR PERIOD SAVE YOU MONEY?

You won't have to buy as many tampons, but skipping your period won't help pad your wallet. According to a study conducted by researchers at the University of Pittsburgh School of Medicine and Magee Women's Hospital, in Pennsylvania, women use 18 tampons or pads per cycle, on average, for a cost of about $3.15. That means if you decided to use the Pill continuously and didn't menstruate for an entire year, you'd save about $41 on sanitary products. Of course, you'd have to shell out for extra packs of Pills. If you have to pay out of your own pocket—about $30 a month—using the Pill continuously would cost an extra $79 a year. If you're lucky enough to have a $5 co-pay with your insurance, you'll save only about $21.

(If you have a family history of breast cancer, be sure to talk to your doctor before using the Pill continuously.)

Experts also don't know how long women can safely go without menstruating. Bleeding every three months, the frequency chosen by the researchers who developed Seasonale, is still somewhat arbitrary. Some doctors, including Leslie Miller, believe it is safe for a woman to use the Pill to go indefinitely without menstruating. "In our study, women had more spotting and side effects within the first three months, and had more success as time went on," says Miller, who has suppressed her period for six years. Others, however, worry there's a chance that, over time, the uterine lining may become too delicate in some women, which in rare cases could lead to hemorrhaging, iron deficiency or anemia when a woman finally menstruates. There also may be a psychological benefit to having a monthly period for women who want reassurance that they are not pregnant or menopausal.

> Some women want a monthly reminder that they aren't pregnant—or menopausal

Unfortunately, the uncertainties aren't likely to be resolved in the near future. "Some women probably will start using the Pill continuously and stop having regular menstrual cycles," predicts Roberta Ness. "Then, twenty years down the road, we'll have the opportunity to look at real outcomes, including cancer risk."

But other women aren't willing to be guinea pigs. "I'm concerned about the long-term effects," says Kimberly Coffrin, a 31-year-old project coordinator at the University of Wyoming, in Laramie. "Why mess with Mother Nature? There's a reason my body works the way it does."

Perhaps the biggest stumbling block to banishing periods is that they don't always go away without a fight. Although doctors stress that women on the continuous schedule should take the Pill at the exact same time each day to help prevent breakthrough bleeding, spotting is a common side effect, particularly in the first few months. "I thought this was a wonderful idea, so I tried it," says Nicole Orlando, 27, a speech-language pathologist from Syracuse, New York. "I didn't get my period. I was psyched. But I started spotting about a week after I skipped the inactive pills, and it continued until my next period."

Even proponents agree that taking the Pill, continuously or otherwise, isn't for everyone. Even at today's lower doses, it can cause high blood pressure, weight gain, bloating and mood swings. Don't even consider oral contraceptives if you smoke and are over 35, because the combination can substantially increase your risk of stroke. (Nonsmokers can safely take the Pill until menopause.) And the Pill is not recommended for women who have uncontrolled high blood pressure, diabetes, heart problems, hepatitis, liver disease or a history of stroke or blood-clotting problems. Some other contraceptives can reduce or eliminate periods as well, including Norplant, which is implanted under the skin of the upper arm; DepoProvera, an injection given every three months; and the Mirena Intrauterine System, a newly approved device that is fitted inside the uterus.

The bottom line? Talk to your doctor if having fewer periods sounds appealing. "Women who decide to do this need to work with their doctor rather than try it on their own," says Sandra Fryhofer. "But this is a new millennium and certainly we should consider new ways of making life easier." ■

Sharlene K. Johnson is a contributing editor of Ladies' Home Journal.



Once A Day, On Your Way

Lowering your blood sugar just got more convenient with

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Now the #1 prescribed pill for lowering blood sugar is available in a once-a-day dose.

Along with diet and exercise, Glucophage XR can help lower your blood sugar, so talk to your doctor, today.

Important Information:

Glucophage XR is not for everyone. In rare cases, Glucophage XR may cause lactic acidosis (buildup of lactic acid in the blood) which is serious and can be fatal in half the cases. This occurs mainly in people whose kidneys are not functioning properly. Tell your doctor about your alcohol use because it can affect your risk. You should not take this drug if you: have kidney problems, are 80 or older (unless your kidneys are tested), are taking medication for heart failure, are seriously dehydrated, have a severe infection, or have or have had liver disease. The most common side effect is diarrhea.

Please see additional important patient information on the next page.

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PATIENT INFORMATION

GLUCOPHAGE®

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and

GLUCOPHAGE® XR

(metformin hydrochloride extended-release tablets)

Read this information carefully before you start taking this medicine and each time you refill your prescription. There may be new information. This information does not take the place of your doctor's advice. Ask your doctor or pharmacist if you do not understand some of this information or if you want to know more about this medicine.

What are GLUCOPHAGE and GLUCOPHAGE XR?

GLUCOPHAGE and GLUCOPHAGE XR are used to treat type 2 diabetes. This is also known as non-insulin-dependent diabetes mellitus. People with type 2 diabetes are not able to make enough insulin or respond normally to the insulin their bodies make. When this happens, sugar (glucose) builds up in the blood. This can lead to serious medical problems including kidney damage, amputations, and blindness. Diabetes is also closely linked to heart disease. The main goal of treating diabetes is to lower your blood sugar to a normal level.

High blood sugar can be lowered by diet and exercise, by a number of medicines taken by mouth, and by insulin shots. Before you take GLUCOPHAGE or GLUCOPHAGE XR, try to control your diabetes by exercise and weight loss. While you take your diabetes medicine, continue to exercise and follow the diet advised for your diabetes. No matter what your recommended diabetes management plan is, studies have shown that maintaining good blood sugar control can prevent or delay complications of diabetes, such as blindness.

GLUCOPHAGE and GLUCOPHAGE XR have the same active ingredient. However, GLUCOPHAGE XR works longer in your body. Both of these medicines help control your blood sugar in a number of ways. These include helping your body respond better to the insulin it makes naturally, decreasing the amount of sugar your liver makes, and decreasing the amount of sugar your intestines absorb. GLUCOPHAGE and GLUCOPHAGE XR do not cause your body to make more insulin. Because of this, when taken alone, they rarely cause hypoglycemia (low blood sugar), and usually do not cause weight gain. However, when they are taken with a sulfonylurea or with insulin, hypoglycemia is more likely to occur, as is weight gain.

WARNING: A small number of people who have taken GLUCOPHAGE have developed a serious condition called lactic acidosis. Lactic acidosis is caused by a buildup of lactic acid in the blood. This happens more often in people with kidney problems. Most people with kidney problems should not take GLUCOPHAGE or GLUCOPHAGE XR. (See "What are the side effects of GLUCOPHAGE and GLUCOPHAGE XR?")

Who should not take GLUCOPHAGE or GLUCOPHAGE XR?

Some conditions increase your chance of getting lactic acidosis, or cause other problems if you take either of these medicines. Most of the conditions listed below can increase your chance of getting lactic acidosis.

Do not take GLUCOPHAGE or GLUCOPHAGE XR if you:

- have kidney problems
- have liver problems
- have heart failure that is treated with medicines, such as Lanoxin® (digoxin) or Lasix® (furosemide)
- drink a lot of alcohol. This means you binge drink for short periods or drink all the time
- are seriously dehydrated (have lost a lot of water from your body)
- are going to have an x-ray procedure with injection of dyes (contrast agents)
- are going to have surgery
- develop a serious condition, such as heart attack, severe infection, or a stroke
- are 80 years or older and you have NOT had your kidney function tested

Tell your doctor if you are pregnant or plan to become pregnant. GLUCOPHAGE and GLUCOPHAGE XR may not be right for you. Talk with your doctor about your choices. You should also discuss your choices with your doctor if you are nursing a child.

Can GLUCOPHAGE or GLUCOPHAGE XR be used in children?

GLUCOPHAGE has been shown to effectively lower glucose levels in children (ages 10 to 16 years) with type 2 diabetes. GLUCOPHAGE has not been studied in children younger than 10 years old. GLUCOPHAGE has not been studied in combination with other oral glucose-control medicines or insulin in children. If you have any questions about the use of GLUCOPHAGE in children, talk with your doctor or other healthcare provider.

GLUCOPHAGE XR has not been studied in children.

How should I take GLUCOPHAGE or GLUCOPHAGE XR?

Your doctor will tell you how much medicine to take and when to take it. You will probably start out with a low dose of the medicine. Your doctor may slowly increase your dose until your blood sugar is better controlled. You should take GLUCOPHAGE or GLUCOPHAGE XR with meals.

Your doctor may have you take other medicines along with GL[illegible] GLUCOPHAGE XR to control your blood sugar. These medicines may [illegible] shots. Taking GLUCOPHAGE or GLUCOPHAGE XR with insulin may [illegible] control your blood sugar while reducing the insulin dose.

Continue your exercise and diet program and test your blood sugar [illegible] taking GLUCOPHAGE or GLUCOPHAGE XR. Your doctor will monitor yo[illegible] may perform blood tests on you from time to time to make sure your ki[illegible] liver are functioning normally. There is no evidence that GLU[illegible] GLUCOPHAGE XR causes harm to the liver or kidneys.

Tell your doctor if you

- have an illness that causes severe vomiting, diarrhea or fever, or if yo[illegible] lower amount of liquid than normal. These conditions can lead to s[illegible] tion (loss of water in your body). You may need to stop taking GL[illegible] GLUCOPHAGE XR for a short time.
- plan to have surgery or an x-ray procedure with injection of dye (c[illegible] You may need to stop taking GLUCOPHAGE (metformin hydrochlo[illegible] GLUCOPHAGE XR (metformin hydrochloride extended-release tab[illegible] time.
- start to take other medicines or change how you take a medicine. [illegible] and GLUCOPHAGE XR can affect how well other drugs work, and s[illegible] affect how well GLUCOPHAGE and GLUCOPHAGE XR work. Some [illegible] cause high blood sugar.

What should I avoid while taking GLUCOPHAGE or GLUCOPHAGE X[illegible]?

Do not drink a lot of alcoholic drinks while taking GLUCOPHAGE or GLU[illegible] This means you should not binge drink for short periods, and you should [illegible] of alcohol on a regular basis. Alcohol can increase the chance of getting l[illegible]

What are the side effects of GLUCOPHAGE and GLUCOPHAGE XR?

Lactic Acidosis. **In rare cases, GLUCOPHAGE and GLUCOPHAGE XR a[illegible] serious side effect called lactic acidosis. This is caused by a buildup [illegible] in your blood. This build-up can cause serious damage.** Lactic acido[illegible] GLUCOPHAGE (metformin hydrochloride tablets) and GLUCOPHAGE [illegible] hydrochloride extended-release tablets) is rare and has occurred mostly in [illegible] kidneys were not working normally. Lactic acidosis has been reported in [illegible] 33,000 patients taking GLUCOPHAGE over the course of a year. Althoug[illegible] acidosis does occur, it can be fatal in up to half the people who develop [illegible]

It is also important for your liver to be working normally when you take G[illegible] or GLUCOPHAGE XR. Your liver helps remove lactic acid from your bloo[illegible]

Make sure you tell your doctor before you use GLUCOPHAGE or GLUCO[illegible] you have kidney or liver problems. You should also **stop using GLU[illegible] GLUCOPHAGE XR and call your doctor right away if you have signs [illegible] dosis. Lactic acidosis is a medical emergency that must be treated i[illegible]**

Signs of lactic acidosis are:

- feeling very weak, tired, or uncomfortable
- unusual muscle pain
- trouble breathing
- unusual or unexpected stomach discomfort
- feeling cold
- feeling dizzy or lightheaded
- suddenly developing a slow or irregular heartbeat

If your medical condition suddenly changes, stop taking GLUC[illegible] GLUCOPHAGE XR and call your doctor right away. This may be a sign of [illegible] sis or another serious side effect.

Other Side Effects. Common side effects of GLUCOPHAGE and GLUC[illegible] include diarrhea, nausea, and upset stomach. These side effects generally [illegible] you take the medicine for a while. Taking your medicine with meals can [illegible] these side effects. Tell your doctor if the side effects bother you a lot, last f[illegible] a few weeks, come back after they've gone away, or start later in therapy. Y[illegible] a lower dose or need to stop taking the medicine for a short period or for [illegible]

About 3 out of every 100 people who take GLUCOPHAGE or GLUCOPHA[illegible] an unpleasant metallic taste when they start taking the medicine. It lasts for [illegible]

GLUCOPHAGE and GLUCOPHAGE XR rarely cause hypoglycemia (low blo[illegible] themselves. However, hypoglycemia can happen if you do not eat enough [illegible] alcohol, or if you take other medicines to lower blood sugar.

General advice about prescription medicines

If you have questions or problems, talk with your doctor or other healthca[illegible] You can ask your doctor or pharmacist for the information about GLUCO[illegible] GLUCOPHAGE XR that is written for health care professionals. Medicines [illegible] times prescribed for purposes other than those listed in a patient informatio[illegible] not use GLUCOPHAGE or GLUCOPHAGE XR for a condition for which it w[illegible] scribed. Do not share your medicine with other people.

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Revised Jar

Indulge yourself

Call it the homeowner's wish list—rooms dedicated to your favorite and most important activities. On these pages, fantasy meets reality



Every gardener's dream is to have a well-equipped nook stocked with all the tools and space one could imagine to re-pot plants, nurture seedlings and arrange fresh flowers. In *Ladies' Home Journal*'s 2001 trend house, the potting room is both highly functional and aesthetically appealing, with sleek, sturdy Corian counters atop wooden cabinets for stowing garden gear, a galvanized steel backsplash that can be easily hosed down, and a heavy-duty concrete floor. There are two sit-down work spaces on either side of the apron-front sink that features a tall gooseneck commercial faucet with a pull-out spray nozzle, and a backsplash with a deep ledge that provides safe harbor for plants in transition or on display.

hen gardening is more
n a sometime hobby,
ple room to spread out
int projects and stow
ay tools is a godsend

Potting shed

PRODUCED BY KIMBERLIE A. WAUGH. PHOTOGRAPHS BY JENNIFER LÉVY. TEXT BY JILL KIRCHNER


Q.

A.

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The at-home worker's break station

Home office

"Placing the office above the garage," says designer Susan Orlie, "lets you actually leave work behind and go home at the end of the day"

Anyone who has ever toted home a briefcase full of files to tackle after dinner knows the value of a space designed just for that purpose. But without a spare room, "homework" is usually relegated to the dining-room table. Designer Susan Orlie solved that problem here by creating the home office above the garage. This way, "when you're 'away' from work, you can't hear the phone ringing," she says. (This flex space could also easily serve as a mother-in-law or au pair suite.) Cabinetry similar to the styles used in kitchens can be configured to accommodate almost any need: Here, for an interior designer's office, there are tall, open slots to hold bolts of fabric; file drawers; glass-fronted cabinets for at-a-glance retrieval of samples; and a large corkboard for pinning up ideas and information. A dining table serves as a spacious desk/conference table for meeting with clients.



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Extend your living and entertaining space by adding a small table to the patio area to enjoy dining al fresco

Outdoor terrace

Making the most of a small yard, this cobblestone terrace offers a wonderfully secluded spot for outdoor dining and relaxing. This house is located on a sloping site on a busy street, so the terrace is nestled against the hillside with a stone wall, complete with a waterfall fountain whose soothing babbling rhythms drown out any traffic noise. A gas grill is built into a brick deck off the family room, and a larger, lower-level terrace outfitted with teak furniture for entertaining and lounging. The terrace is landscaped with evergreens and plants that bloom much of the year, giving it the air of a romantic European courtyard.

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cuses home gym makes exercise a convenient priority

Gym

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ENDLESS POOLS™

Our design team

Stylists, Tim Burney, Kathy Bazemore, Jean Ellen Spengler, Duane Norris.

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THE BOUNCE-BACK FACTOR

Some people seem to recover more quickly from personal crises than others. Here's how they do it—and how you can, too

By Shana Aborn

Last December, after endless ballot recounts and court battles, Al Gore finally conceded defeat in the race for the presidency. No doubt it was a crushing blow for him and his wife, Tipper, and no one would have blamed them if they had made a public display of their disappointment. Instead, the Gores took the defeat not only gracefully, but even with a measure of good cheer. Rather than fleeing town, they stayed in the Washington, D.C., area so that their son, Albert III, a high-school senior, could finish the year there. They took time to make plans for the future and reconnect as a family, enjoying a January vacation in Aspen. One aide said of Gore, "He's feeling like you've just gotta deal with the cards you've got, and move on."

For most of us, moving on is an acquired skill. How do you face the worst and still come out smiling? "Some people are more resilient because they consciously access the skills and abilities that develop under adverse circumstances," says Patricia O'Gorman, Ph.D., a psychologist and author of *Dancing Backwards in High Heels: How Women Master the Art of Resilience* (Hazelden, 1994). "Parents teach children resiliency, training them to see things as challenges."

The good news is that you can learn these skills, too, and use them to get through any setback, be it the end of a marriage, a financial crisis or just a really *(continued)*

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Model Linda Murrell credits her bounce-back nature to her spirituality, her willingness to shake up her daily routine and her positive attitude. "If you look for the good," she says, "you can move forward"

(continued) bad day. Understanding how to deal with adversity won't make the tough times disappear, but it can make them easier to live through. The following strategies will help to steel you against future crises and bounce back when they do occur.

Practice taking risks

If you can't snap back from little crises, you won't be able to rebound from big ones. And the best way to get practice is to deliberately look for success-or-failure opportunities—projects that you'll do either well or badly the first time. "Resilience develops in adverse situations," explains O'Gorman. "If you're in an environment where nothing happens, you won't learn to be resilient."

So shake up your life once in a while. Even small risks will do—speaking in public, trying a complicated recipe, fixing a leaky faucet, taking salsa lessons. Should the soufflé go flat or your feet lose the beat, note where you went wrong and how you can improve. Over time, the ways you cope with minor roadblocks will add to your bounce-back ability.

And don't forget to acknowledge those little daily gambles that you may be overlooking. "Mothers of young children take chances every day, but they're too exhausted to notice," says O'Gorman. "Every time you let your child walk away from you is a risk."

Lose the victim mentality

When you're mired in a big or small personal dilemma, it's tempting to succumb to self-pitying mind-sets: *This always happens to me. Nothing will ever go right. I'm such a loser.* But it's important not to define yourself by your misfortunes. "Resiliency is being able to stand in your pain and feel it, yet know that it's not all that you are," says O'Gorman.

The way we handle adversity, she adds, often has much to do with our upbringing. If your parents tended to look at everything in a pessimistic light, or if you received negative comments about yourself as a child, then as an adult you're less likely to be confident in your ability to survive crises successfully. "These messages collect like dust, and before you know it, you have a huge dust ball," says O'Gorman.

To counteract this, she suggests writing down some of these messages, followed by examples of ways in which they're no longer relevant. For example, if a teacher used to call you disorganized, you might acknowledge how efficiently you get your children off to school in the morning now. Or if your mother criticized your indecisiveness, you could note the competent way you handled a big decision at work recently. "When you're in a crisis, it's your inner dialogue that's important," says O'Gorman. "The more affirming your dialogue, the better."

Bounce-back people usually expect things to turn out all right in the end, according to studies conducted by Al Siebert, Ph.D., a Portland, Oregon–based psychologist and co-author of *The Survivor Personality* (Berkley Publishing Group, 1996). Siebert suggests listing some possible solutions when problems occur. This will not only help you plot out a game plan, but also give you a sense of control over the situation and affirm in your mind that the worst will pass eventually.

Sometimes just putting a new spin on problems can make you feel like less of a victim. Try changing the words you use to describe everyday upsets. Spilling red wine on a silk suit or missing the commuter bus might be a frustration or a hassle, but it's hardly a disaster. Save the dramatic language for the real crises.

Ask for help

While it's important to draw on your inner resources, it's equally vital to have the support of people whom you love and trust. "Resilience is embedded in *(continued)*



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relationships," says Froma Walsh, Ph.D., a professor and psychologist at the University of Chicago and author of *Strengthening Family Resilience* (Guilford Press, 1998).

Women, who tend to confide in friends rather than keep their feelings bottled up, may be more resilient by nature than men, who are less likely to pour out their hearts to pals. Nurturing your relationships with close friends and family is not only rewarding in itself, but also will ensure that you'll have a comforting shoulder to cry on when you need one.

Emmy Werner, Ph.D., a research professor in human development at the University of California, Davis, conducted a landmark 40-year study of 505 children born in Kauai, Hawaii. She discovered that about one in every three who had grown up in a stressful home environment—poverty, divorce, alcoholic or mentally ill parents—became stable and competent as adults.

These resilient children did have some innate temperamental characteristics and advantages, such as a close bond with at least one caregiver. But some outside factors seemed to play a part, too. For instance, the strongest and most adaptable kids were the ones who belonged to a social organization, such as a church group or 4-H club, which gave them structure and stability. They also had good role models, such as teachers, close friends in school and, later, supportive marriages. So rather than trying to tough it out alone, surround yourself with people who care—a support group, the mom of your kids' friends or some of the women in the congregation at your house of worship. Have lunch with your sister and use the time to talk. Or go the high-tech route and look for kindred spirits in an online chat room or message board.

Resilient people often find some kind of meaning in their trials

Think positive

True, this sounds simplistic. Who wants to be a Pollyanna all the time? But the fact is, people who try to look on the bright side really do rebound from setbacks more quickly than those who don't see the light. The children in Werner's study who recovered from their adversity as adults most successfully were active, sociable and trusting, and they were confident about their future. The overwhelming majority of these resilient people considered themselves to be happy and satisfied.

That's not to say that you should sweep your grief under the rug. But when problems occur, remind yourself that your sadness will diminish over

ne. And it's especially important ring times of trouble not to shut urself off from every pleasure. Take ne every day to look for small ys—perhaps a sunset, a garden, a pet a good book—so when the bad nes do surface, you'll know what ll brighten your spirits.

Don't lose your sense of humor, ei- er. Sometimes it's the only way to pe with a difficult situation. Look r the absurd moments that surface in ur problems, be it the indecipher- le language of a tax form or the understorm that erupts just as you're ying to fix a flat.

And, sappy as it sounds, putting on happy face may actually help pro- ct you from calamity. Researchers the University of California, erkeley, conducted interviews over years with women who posed for earbook shots. The women whose hotographed smiles were the most notionally friendly and open also eemed to encounter fewer physical nd emotional difficulties throughout eir lives.

Make your crises meaningful

Resilient people often find some meaning in their trials. "They incorporate the experience," says Froma Walsh. "They look for what it teaches them." For instance, your experience might have helped bring your family closer together. Maybe, in dealing with your difficult situations, you slowed your hectic pace, redefined your personal priorities, found new appreciation for the blessings in your life or learned valuable information about a topic, such as health care or law.

Al Siebert cites actor Christopher Reeve, who became a quadriplegic as the result of an accident, as an example of true resiliency. "He jokes about always wanting to be a movie director and this [accident] pushing him to make the career change," says Siebert. "He's able to carry on, have a career and a wife and make good things happen in this world."

Reaching out to others in your time of trouble can bring both comfort and a renewed sense of purpose. Among the notable women who have turned loss into action are Nancy Brinker, who launched the Susan G. Komen Foundation in memory of her sister, who died of breast cancer; Carolyn McCarthy, elected to Congress on a gun-control platform after a gunman killed her husband and wounded her son; and model Christy Turlington, whose antismoking crusade is the result of her father's death from lung cancer and her own recent diagnosis of emphysema.

If such activism doesn't appeal to you, try doing volunteer work, donating to a charity, supporting a political cause or simply being there for a friend who's going through her own rough spell. "When we give to others, especially others who have gone through similar things, it helps us see that we've moved beyond that trauma," says Patricia O'Gorman. "Or else it helps us to become more grateful for what we have." ■

Shana Aborn is a senior editor at Ladies' Home Journal. Additional reporting by Dorothy Foltz-Gray.



"I knew my son was different"

Doctors kept assuring me that Henry was just a late bloomer. But deep down, I knew otherwise

By Rebecca Woodside, as told to Ronny Frishman



An endearing child, Henry is always the first to console a sad friend or share a toy

Last fall, my son Henry, then 7, came bounding through the door after a guys-only camping trip with his dad. Dropping his backpack, he ran into my arms and excitedly recapped their adventures—launching a homemade rocket, practicing archery, sleeping in a cabin. "Slow down, Henry!" I said, straining to absorb all the details. His joy tugged at my heart. Not long ago, it was a struggle for Henry to say any words at all.

When Henry was born in January 1993, my husband, Steve, whom I had met in law school, and I had been married for nearly six years. I was 33 years old and healthy, and sailed through this pregnancy just as I had 20 months earlier with my first child, Daisy. My delivery was free of complications, and Henry, with his chubby cheeks, looked perfect.

We were delighted by our burgeoning family, but life was hectic. Steve was in private practice near our Philadelphia home, and after a brief maternity leave, I returned to work as a real-estate lawyer at a local firm. Henry joined Daisy at day care. He was a cheerful, affectionate baby and was rarely sick.

Not usually a worrier, I began to notice that Henry's development lagged behind other children's. Daisy, like most infants, could sit, stand and crawl by about 9 months old, but Henry reached those milestones as much as eight months *(continued)*


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(continued) later. Generally, children start to walk and speak their first words at age 1, yet Henry's first steps came at 18 months, and at 2, he still uttered only incomprehensible babble. My pediatrician didn't seem alarmed, however, and explained that boys often mature more slowly than girls. "Be patient," she advised. "Henry will develop in his own time."

But Henry's delays grew more pronounced. In June 1995, when he was 2½, day-care staff told us they were troubled by his inability to do puzzles, his slow reaction time and his poor balance and coordination, which made even running difficult. Capable of understanding others, Henry still didn't speak and cried frequently out of frustration. At the center's urging, we decided to consult a specialist in pediatric development.

After a series of tests, the expert came to the same conclusion as our pediatrician: Henry eventually would catch up to other children. But I wasn't convinced. Refusing to back off, I insisted that blood tests be performed to rule out any serious medical or genetic problems.

A few weeks after the tests, we received a call saying something had, in fact, turned up in the karyotype, an analysis of Henry's chromosomes. Given no explanation, we were told we had an appointment in two days with a geneticist and endocrinologist (a specialist in the hormonal system) at Children's Hospital of Philadelphia, one of the nation's top facilities.



Steve and I know that Henry's sisters, Daisy (left) and Caroline, accept him fully

The wait was agonizing, but watching my brown-eyed, sandy-haired son at play—so normal-looking—kept me hopeful. When Steve and I met with the specialists, we were stunned by what they told us: Henry's developmental problems stemmed from an "accident" in cell division that occurred around the time of conception and produced an extra X chromosc giving Henry 47 instead of the tomary 46. The abnormality, ca Klinefelter syndrome (KS) or XXY, also inhibits sperm product making it unlikely, the specialists tly added, that Henry would be abl father children.

When we pressed the doctors v questions about Henry's language developmental delays, we were s prised at how little they knew—e their medical manual had a scant pages on KS. They didn't recomm treatment, instructing us to bring H ry back at around age 11, when he closer to puberty. (Although KS b are often partially deficient in m hormones and have trouble with se al maturity, testosterone suppleme can help treat the problem.)

Grief-stricken, Steve and I fel tremendous sense of loss—not o for Henry, but for the shattered visi of our perfect family. Neither of had ever heard of KS, and we worri about his delays and other unkno problems that Henry might face b cause of this condition. Thanksgivi and Christmas were approaching, bu felt numb preparing for the holida with Daisy, Henry and our third chil Caroline, now almost 1. We decid not to reveal Henry's diagnosis to an one, except his grandparents.

We arranged for Henry *(continue*

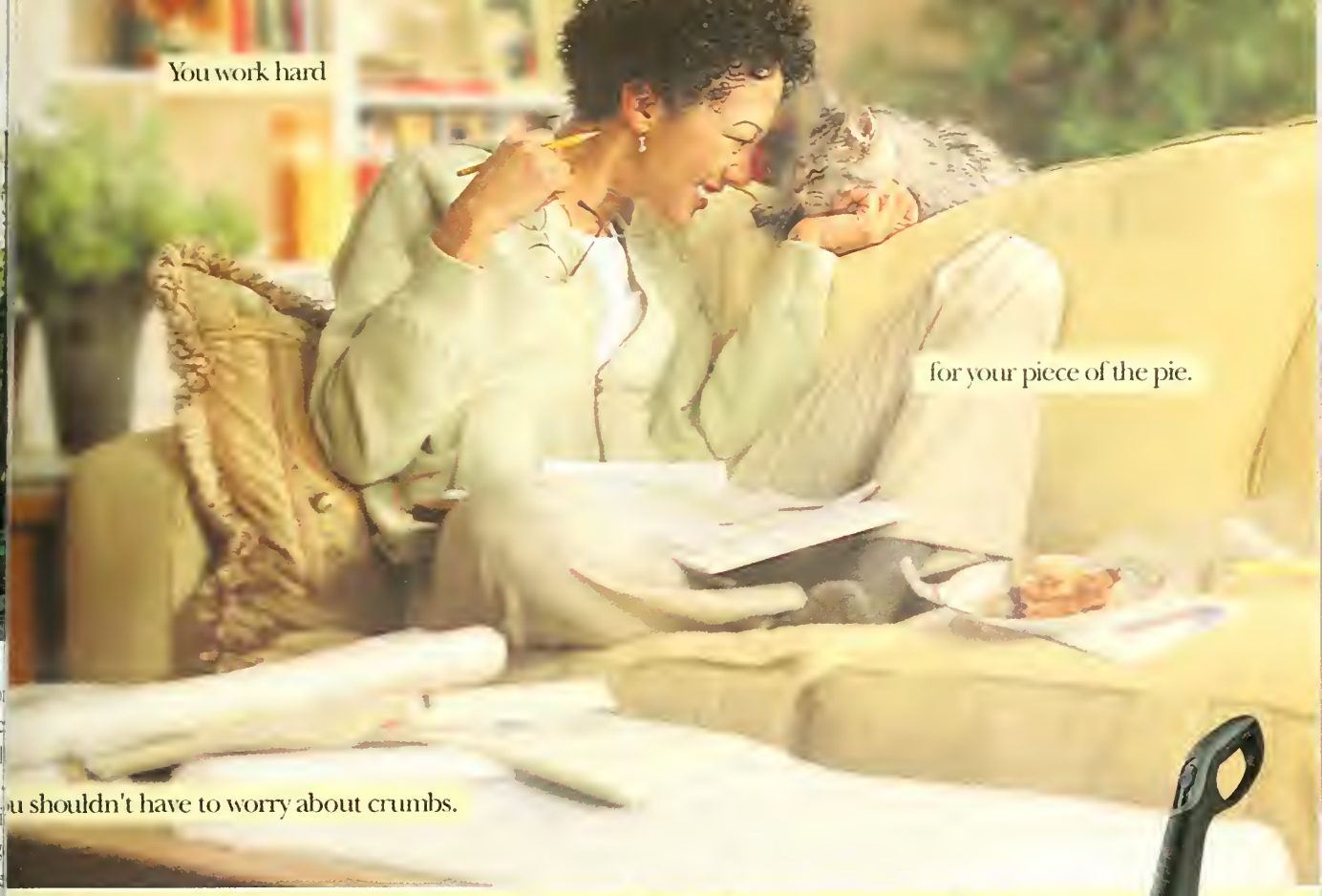
WHAT ARE SEX CHROMOSOMAL VARIATIONS?

Although it's unclear why they occur, sex chromosomal variations (SCVs) are caused by an abnormality in the egg or sperm cell. Individuals with SCVs have 47 chromosomes instead of the usual 46, with combinations XXX, XXY or XYY.

There is no routine SCV screening at birth. Many pediatricians don't have a good understanding of them, so it's common for children to be misdiagnosed, often with attention deficit disorder. Still, recent studies have found that people with SCVs have normal intelligence.

Carole Samango-Sprouse, Ed.D., director of the Neurodevelopmental Diagnostic Center for Young Children, in Davidsonville, Maryland, advocates that children with developmental delays have a chromosome test to rule out SCVs. There's evidence that intervention targeted to specific problems and started in early childhood—a critical time for brain growth—can correct some learning-style differences these children experience and minimize others. Says Dr. Sprouse: "With help, the outlook for a child with an SCV is incredibly promising." For more information, log on to *www.genetic.org*.

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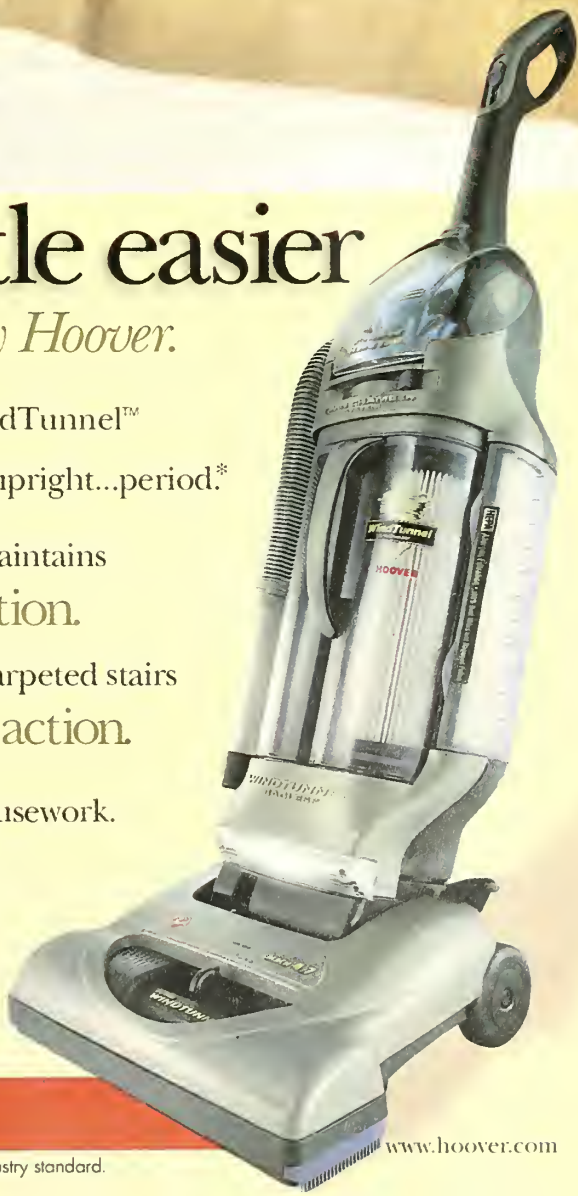
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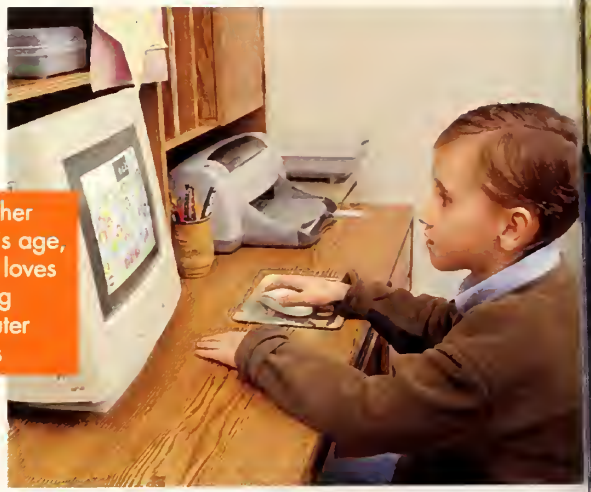
FIRST PERSON
Continued

to receive early intervention services—speech, occupational and physical therapies—at his day-care center, and I became determined to find out as much as possible about his condition.

Although KS is not uncommon, affecting about one in every 500 boys, I was appalled by the lack of reliable information. When I contacted Klinefelter Syndrome and Associates, a California-based organization dedicated to sex chromosomal variations (SCVs) to which Henry's doctors referred me, I finally found up-to-date information and a network of caring people. Steve and I learned that, in addition to diminished fertility and learning disabilities, boys with an extra X chromosome often have increased height, breast growth, small genitals and hypotonia, or weak muscle tone. However, the organization reassured us that KS boys are delightful, loving children who, with proper therapy and support, have promising futures.

In May 1997, I left my job to be a full-time mom, and that summer Steve and I packed the kids into the car and drove to a Chicago conference sponsored by the organization. It was a turning point for us. There, for the first time, we met other families with boys like Henry. I felt encouraged by conversations with KS men who had gone undiagnosed for years and yet had overcome early speech deficits to attend college, marry and carve out successful lives. Most important, Henry, then 4, received a complete medical evaluation by two of the leading experts in KS—endocrinologists Ronald Swerdloff, M.D., of Harbor-UCLA, and Alan Rogol, M.D., Ph.D., of the University of Virginia, in C lottesville. We also began work with Carole Samango-Sprouse, Ed a neurodevelopmentalist in Da sonville, Maryland, who has consi able experience with KS and desig a personalized treatment plan to dress Henry's physical, social learning problems.

As part of the regimen, I stud sign language and taught Henry b



Like other kids his age, Henry loves playing computer games

ases. On Dr. Sprouse's advice, he ted karate to build up his strength l self-esteem. Although tests wed Henry's intelligence to be nor-l, his progress was slow. With my due to enter kindergarten in fall)8, I began working with the ladelphia School District to devel- an Individualized Education Pro- m (IEP), which federal law requires children with special needs.

The school district—admittedly un- niliar with KS—placed Henry in a ss for youngsters with language im- rments, but denied our request for ditional physical and occupational rapies, arguing the services weren't ıcationally necessary. In June 1998, contested the district's plan and ıght a due process hearing.

The six-month dispute left us emo- nally drained. I spent hundreds of urs researching disability law, and ve took time out from his practice represent Henry. Finally, in late cember, a hearing officer approved r request for the two therapies and e school district provided them for the rest of the academic year.

Anticipating more battles with the Philadelphia School District, Steve and I started looking at other educational programs in the area. In 1999, we tearfully left our beautiful, six-bedroom house in the city and moved several miles away to Montgomery County and the Colonial School District. Our new district has an excellent special-education program, where staff are truly committed to the needs of all students and welcome parental involvement. Henry is in a small learning-support classroom that accommodates his language difficulties, poor motor-planning skills and the inattention he often experiences in school. He still visits Dr. Sprouse for periodic evaluations in Maryland, as well as Maureen Fee, M.D., a developmental pediatrician at St. Christopher's Hospital for Children, in Philadelphia.

Now in second grade, Henry has come a long way. He doesn't articulate clearly, but his speech flows unimpeded, and he is starting to read and write. He was delighted recently when, after years of swim lessons, he got his arms and legs in sync enough to do a modified crawl. Although he tires easily and can't always keep up with others, he loves the camaraderie of being with other children.

There no doubt will be hurdles ahead. We haven't yet told Henry his delays are due to a genetic defect. We worry about teasing from other kids and his self-esteem during adolescence, always a turbulent time but even more stressful for KS boys who begin testosterone therapy. Research on SCVs is limited, but because KS men have normal sexual function, we're hopeful that someday technology will offer them new options for infertility.

I will continue to advocate for my son to ensure that he is equipped with the right tools to make his way in the world. We've told all our children that people have different strengths and weaknesses, and God's hand touches everyone. Our son will always be special, not because he has KS, but because he's Henry. ■



Mothers of Hope

Making the choice to donate a child's organs is one of the most courageous things a grieving parent can do. One group of women, called Mothers for Organ Donation, has faced this difficult decision and now helps other parents do the same By Joseph V. Amodio



Bonded by heartache: MOD Squad member Wendy Vaniglia (left) helped JoAnn Rielly come to terms with her son's death and her decision to donate his organs

Every time her beeper goes off, Wendy Vaniglia's heart pounds and her stomach does a flip-flop. This afternoon, it is no different.

As she drives down the Northway, which links New York's capital city of Albany to the outlying dairy farms, apple orchards and bucolic suburbs where she lives, Wendy says a quick prayer. The sound of the beeper means that a family has just lost a child.

Wendy is one of 19 women volunteers who assist the Center for Donation and Transplant (CDT), an organization that oversees the procurement and distribution of lifesaving organs for 200 hospitals in New York state and Burlington, Vermont. United by loss—each has suffered the death of a child—the women also share an understanding of the incredible healing power to be gained from donating a loved one's organs, and the new life that can emerge from tragedy.

Sadly, due to fear and misinformation, only half of all families who are asked to give permission to donate actually do. As a result, nearly 5,000 Americans die every year while waiting on transplant lists. To combat those statistics, CDT director Frank Taft formed a volunteer group called Mothers for Organ Donation, affectionately known as "the MOD Squad."

The women give lectures to hospital staffs and interviews to the media. Each one also makes herself available around the clock one week a month to comfort any local family whose child has just died. They are passionate advocates of an act that most people are uncomfortable discussing, much less considering as an option.

When Wendy arrives at Albany Medical Center, she heads straight for the intensive care unit. There, she is greeted by CDT coordinators Karen Koster and Bill MacTague, who give her the details: Twenty-one-year-old Joshua Rielly, injured in a car accident last night, has been declared brain-dead. His *(continued)*



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(continued) family has been keeping vigil for hours.

Most hospitals have a "grieving room" adjacent to the ICU, where doctors bring a patient's next of kin to break bad news. That's where the MOD Squad members usually meet the families. But this case is different. Josh's mother, JoAnn, refuses to leave his bedside.

"Would you be willing to go into the room?" Karen ventures delicately.

Wendy stares down the hall. Once, she stood in the hallway of a hospital just like this one, as doctors told her the terrible news that she would never see her younger daughter alive again.

Candi's final gift

Candice Vaniglia was Wendy's middle child, and the one with whom she identified most. Her oldest, Aimee, now 21, is adventurous; her youngest, 15-year-old Rob, takes after his dad, Bob—mature, sensible. But Candi was quiet and shy, like her mother.

Candi was born with hydrocephaly, a condition that causes fluid buildup inside the skull. A shunt drained excess fluid internally down the side of her neck into her abdomen to relieve the pain and swelling. Every so often, the shunt would become clogged or infected, and Candi would go into the hospital to get a new tube and a dose of antibiotics.

In October 1994, when Candi was 12, the shunt clogged yet again. But after treatment, Candi didn't bounce back the way she usually did; she seemed listless, weak. By the time doctors discovered the problem—a virulent, drug-resistant bacteria—it was too late. The infection had attacked her brain.

Wendy stayed at her daughter's bedside every night for a week. When a woman in a nearby room was declared brain-dead, Bob and Wendy could hear the anguish of her relatives as they debated whether to release her organs for donation. "We watched them struggle, having no idea that we would be facing the same agony that very night," says Wendy. The family finally gave their consent, but by then the organs were no longer viable. "It seemed such a waste," Wendy says. "If they only knew how it makes sense of the loss, they could have decided what to do long before this."



Knowing that her daughter Candi's heart saved Seamus Healy's life is a comfort to Wendy

Hours later, Candi's brain functions ceased. Although they were overwhelmed by grief, Wendy and Bob agreed that their daughter's organs should be given for donation. (Screening would ensure that the organs were unaffected by the infection.) "People are wrong if they think the process is gruesome," says Wendy. "Even after Candi was . . . brain-dead . . ."—her voice tightens—"the coordinators still talked to her like there was a person in there. They treated Candi with dignity and respect."

Candi's kidneys saved an artist in Pennsylvania and a young dad from the Albany, New York, area. Her liver went to a grandmother in New York City; her heart gave a man more years with his wife and children. Recently, the Vaniglias sent a letter to the recipients of Candi's organs; Seamus Healy. *(continued)*

It takes a very special kind of courage to console others without falling apart yourself and to help parents prepare for the grief that you know all too well will surface again and again

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(continued) the heart recipient, responded. He and the Vaniglias met on May 20, 2000, which was an emotional experience. "There were lots of tears, and we were very nervous," says Wendy. But she doesn't look at this as a closure to the story: "It's more like a new beginning."

"A chance to start rebuilding"

Wendy lived in a fog for months after Candi's death. Then, after learning that the plastic in her photo albums was causing her precious pictures of Candi to fade, she took a class at Creative Memories, a company that sells photo-safe scrapbook supplies at in-home workshops. Designing a special album in memory of her daughter was painful yet healing, and Wendy became a sales representative for the company.

Once so painfully shy that even talking to a telephone operator made her tongue-tied, Wendy soon found herself organizing regional conferences for the scrapbook company, traveling cross-country for corporate events, and even speaking on local TV and radio shows. It had never occurred to her that the words of an ordinary mom could have such power.

But Frank Taft knew. He'd seen a mother at a hospital meeting talk about how much it had helped her to know that her child's organs had saved others. Wendy and other mothers had also told him that they, too, wanted to spread the message. These bereaved women, Taft realized, had a strength and conviction that could be put to good use by helping other parents make this difficult choice.

In 1997, Taft and his donation coordinators chose Wendy, along with four other mothers, for the MOD Squad: Vicki Crosier, whose 16-year-old son died in a freak accident in their driveway; Karen Dunham and Lillian Somma, who both lost teen sons in auto wrecks; and Margaret Syrett, whose 6-year-old boy died of a blood-vessel malfunction in the brain.

Each volunteer was trained and given a psychological exam to make sure she was up to the task. It takes a special kind of courage to console others without falling apart yourself and to help parents prepare for the grief that you know all too well will surface again and again.

There is no set procedure for dealing with mourning families; each case is unique. Some parents sit stoically as the MOD Squad member talks to them; others wail or throw chairs. Sessions can last up to eight hours, and Wendy usually returns home drained. The women review tough cases at regular meetings.

In a typical situation, Wendy is called in to the hospital after a young patient has been declared brain-dead and donation coordinators have already spoken with the family. (Families have between one and 12 hours in which to decide, depending on the condition of the deceased.) Her role is not to lobby for donation, but to answer questions, offer support or a hug, contact relatives—whatever a family needs. Most parents want to know whether removing the organs will disfigure their child's body (it doesn't) or go against their church's beliefs (most major religions approve of organ donation). "I don't say much about Candi," says Wendy. "I'm there to listen."

The families, Wendy adds, are grateful—though some hospital staffers are not. After devoting time to a patient who eventually dies, health-care personnel often feel a

If parents say no to a donation, it doesn't faze Wendy. "We just want them to know they have a choice," she says. "No one's wishes should come before the family's"

deep sense of loss, resentment or overprotectiveness as donation coordinators take over. Recently, a well-meaning social worker tried to keep Wendy from meeting the parents of a young suicide victim. Because of the nature of the boy's death, the social worker felt that discussing organ donation would be too painful for the family (a common misconception, say experts). But Wendy patiently waited outside the ICU for more than seven hours, finally catching the mother as she was leaving. It turned out that she was very interested in donation and desperate to talk to someone who had been in her situation.

Though still in its infancy (the MOD Squad handled 22 cases in its first year and a half), the group's consent rate—91 percent—is so far above the 50 percent national average that Taft is sending the moms to speak to people who have lost spouses or parents. Taft and the CDT recently received a federal grant to further study and expand the program, so that other communities can develop MOD Squads of their own.

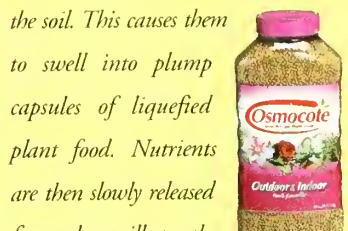
Wendy, who checks in with families months later, hasn't heard of anyone who later regretted giving permission to donate. If parents say no, it doesn't faze her. "We just want them to know they have a choice," she says. "No one's wishes should come before the family's. They're the ones who will have to live with this forever."

Wendy worries that her intense commitment sometimes takes too much time from her family, but Bob and the children are supportive of her work. "People think it's rude or unfair to be asked about donation when you're grieving, like it's taking even more *(continued)*

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(continued) away from you," says Bob. "It's not. It offers the first chance to start rebuilding. People need to hear that." Wendy concurs: "Losing a child is the bottom. You can't get any lower than that."

The hardest decision

Taking a deep breath, Wendy forces the memories of Candi out of her mind for the moment. She heads down the hall to the ICU, past dozens of clean-cut young men and women wearing jeans, polo shirts and distraught expressions. Joshua Rielly was popular.

The bed is the first thing Wendy sees. Then she sees Josh—with his long legs, a linebacker's broad shoulders, a powerful chest rising and falling with the aid of a respirator. But his head is swollen, his good looks obliterated by blood-soaked bandages.

JoAnn Rielly sits, staring at her son. Josh's brothers—one of them his twin—stand nearby. Wendy kneels in front of JoAnn, takes her hand and introduces herself. "He's your baby, isn't he?" says Wendy. (Later, she explains, "I knew she was thinking: He's too young—why did this happen?")

Wendy listens as JoAnn talks of her son, the honor student and athlete who never gave her any trouble. Now doctors want to come and pick him apart when she's barely had a chance to say good-bye. Deep down, however, JoAnn knows it's the right thing to do. Her oldest son, Joe, has a young son with a serious liver condition; eventually, he will need a transplant. If Josh's organs save a life now, she tells Wendy, then maybe someone will do the same for little Joey one day. Finally, she nods. The donation will proceed.

Slowly, JoAnn signs the papers giving her permission to donate her son's organs. "That's the hardest thing a parent will ever do," Wendy tells JoAnn, putting an arm around her

Wendy looks at Josh's brothers and knows from her personal experience that their mother has no energy to deal with them. (Their father, divorced from JoAnn, is out of the room.) She embraces Joe, who is standing still as stone. "I knew he needed a hug and a few words from a mom," Wendy says later.

Bill MacTague comes in with the paperwork. By law, he must ask JoAnn's permission for each organ individually—heart, kidneys, liver. His voice is soothing. "Do you understand?" he asks her. They've put a pen and the papers in front of her to sign. She's trembling.

"Do you understand?"

Silence. Slowly, JoAnn picks up the pen. The signature is shaky, an old woman's fragile penmanship, not her own. JoAnn Rielly.

"That's the hardest thing a parent will ever do," says Wendy. She eventually walks JoAnn out of the hospital room, an arm around her shoulder. Silently, she sends a message to Candi: You did a good thing today.

A tearful reunion

Months later, Wendy and JoAnn meet for lunch in a restaurant in downtown Albany. The two moms hug, sit close, chat like sisters and get teary as they exchange photos of their children.

They talk about the sorrow that hits without warning, like the times JoAnn finds herself in the kitchen, staring at the plastic water jug Josh used to take to the gym. She's almost embarrassed as she admits: "I put my hand inside the handle, just to feel him."

Wendy nods. "Many nights I'd take Candi's nightgown to bed, to smell her again."

"I sleep with Josh's Broncos jacket every night," says JoAnn, comforted to know she's not alone.

They recall how Josh's liver and kidneys saved three people—and perhaps, by extension, many more. Friends of theirs are telling their loved ones that they, too, want their organs to be donated when the time comes.

When they talk of the trauma of signing the papers, JoAnn speaks quietly. "Sometimes, I wonder if it would've been different . . . if I'd waited. . . ." Wendy assures her, "You didn't do anything to hasten his death." JoAnn nods. She knows this; she just doesn't feel it instinctively yet.

But she will. In fact, JoAnn might join Mothers for Organ Donation herself one day. She has expressed interest to Taft, though it may be years before her pain heals enough to allow her to take on the demanding job. Last year, tragedy struck the Rielly family again: Joel, Josh's twin, was killed in a snowmobiling accident. Although his organs weren't viable, JoAnn donated his corneas and portions of his tissue, tendon and bone.

After saying good-bye to JoAnn, Wendy heads home. Her mind wanders to thoughts of an upcoming week in the Caribbean with Bob. The last time they were there, Wendy took scuba lessons and got certification. Already, she can anticipate the exhilaration of swimming amid the colorful marine life.

Perhaps it's the simplicity of diving that Wendy finds so appealing. After all, once you hit bottom, there's nowhere to go but up. ■

Joseph V. Amodio writes frequently about health issues for Ladies' Home Journal.

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VIRGINIA SLIMS

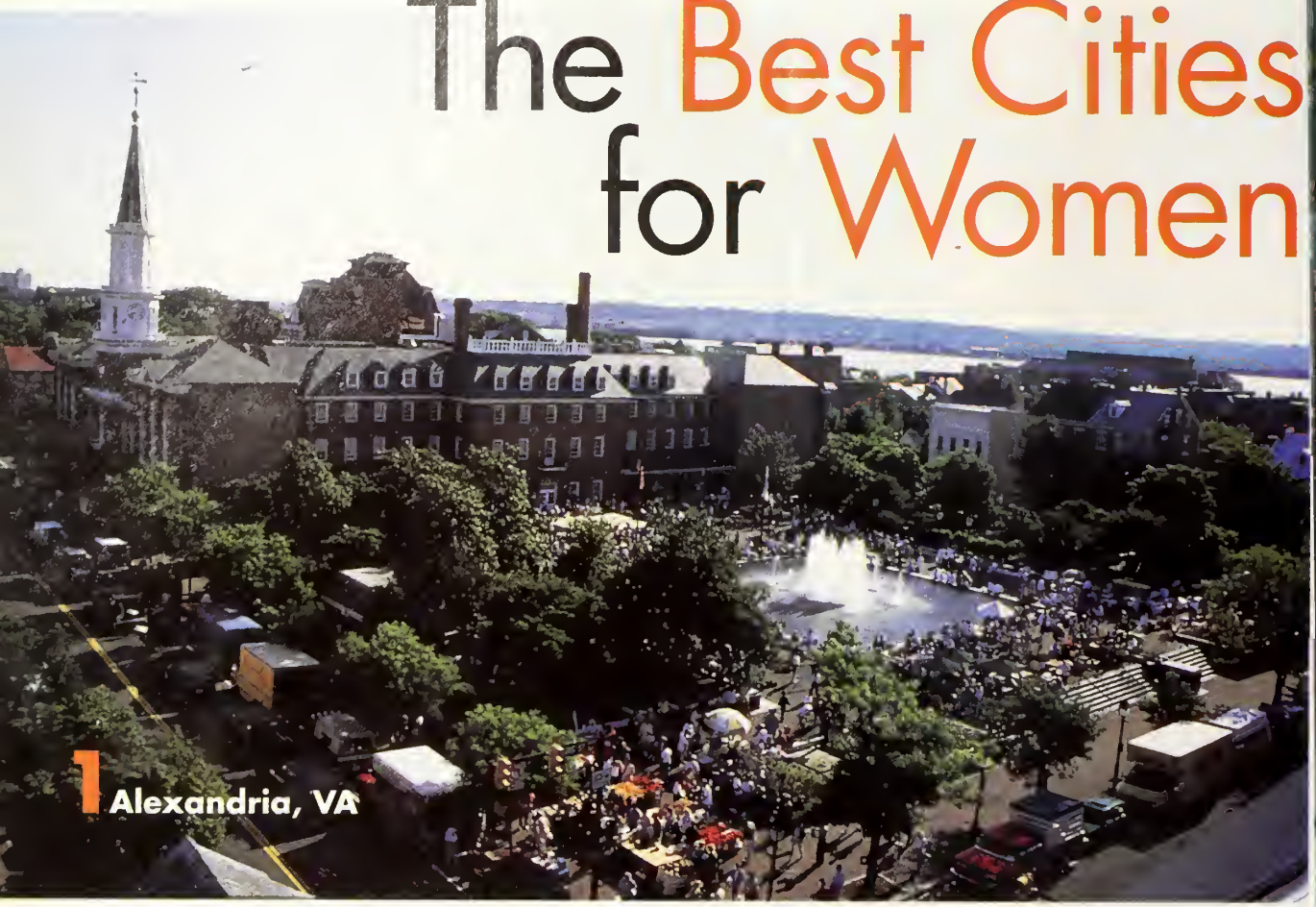
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The Best Cities for Women



LHJ put America's biggest towns to the test. Which ones hit the heights for health care? Education? Employment? Produced by Margot Gilman



Virginia may well be a paradise for lovers, as the state slogan says, but it offers several other seductions for women who want to live well.

That's why two Virginia communities made this year's Top 10 list of America's Best Cities for Women. Coming in first was **Alexandria**, which offers a combination of scenic charms (a riverfront location and a picturesque pre-Revolutionary quarter bustling with boutiques and restaurants) with modern must-haves (well-paying jobs in government and business, quality schools and outstanding child care).

To the south, the booming community of **Chesapeake** landed in eighth place (and neighboring **Virginia Beach** came close to the top, at number 12). Seven of our latest winners have made it onto our list before (including **Ann Arbor, MI**; **Burlington, VT**; and **Irvine, CA**), while the debutantes include Chesapeake, plus **Sioux Falls, SD**, and **Overland Park, KS**.

This marks the fourth year that *Ladies' Home Journal* has surveyed America's 200 largest towns and ranked them according to the qualities that are of particular concern to women. When we analyze a local economy, for instance, we consider the size of the wage gap and the percentage of women-owned businesses, as well as overall job growth. And when we look at lifestyle, we check out *(continued on page 106)*

For people with type 2 diabetes

"I will *always* take care of my diabetes."



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"She's one of the reasons I'm eating right and exercising more. When that wasn't enough, my doctor added *Avandia* to help me manage my type 2 diabetes. *Avandia* works differently than some diabetes medications. It helps my body use its own natural insulin more effectively.

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In studies, the most common side effects included cold-like symptoms and headache. Before and during *Avandia* therapy, periodic liver monitoring is recommended because of liver problems with a similar drug. A small percentage of people may experience anemia and/or mild to moderate swelling of their legs or ankles.

Tell your doctor if you have liver disease, or a history of congestive heart failure or edema. If you experience an unusually rapid increase in weight, swelling, shortness of breath, unexplained tiredness, stomach problems, dark urine or yellowing of the skin while taking *Avandia*, talk to your doctor immediately. See important precautions in the patient information on the following page.

Also, talk to your doctor before taking *Avandia* if you are nursing, pregnant or thinking about becoming pregnant, or if you are a premenopausal woman who is not ovulating.

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What is *Avandia*?
Avandia is one product in a new class of prescription drugs called thiazolidinediones (thigh-a-zoe-lid-een-die-owns). It is used to treat type 2 diabetes by helping the body use the insulin that it is already making. *Avandia* comes as pills that can be taken either once a day or twice a day to help improve blood sugar levels.

How does *Avandia* treat type 2 diabetes?
If you have type 2 diabetes, your body still produces insulin but it is not able to fully use the insulin. Insulin is needed to allow sugar to be carried from the bloodstream into many cells of the body for energy. If insulin is not being used correctly, sugar does not enter the cells very well and builds up in the blood. If not controlled, the high blood sugar level can lead to serious medical problems, including kidney damage, blindness and amputation.

Avandia helps your body use insulin by making the cells more sensitive to insulin so that the sugar can enter the cell.

How quickly will *Avandia* begin to work?
Avandia begins to reduce blood sugar levels within 2 weeks. However, since *Avandia* works to address an important underlying cause of type 2 diabetes, insulin resistance, it may take up to 12 weeks to see the full effect. If you do not respond adequately to your starting dose of *Avandia*, your physician may increase your daily dose to improve your blood sugar control.

How should I take *Avandia*?
Your doctor may tell you to take *Avandia* once a day in the morning or twice a day in the morning and evening. It can be taken with or without meals. Food does not affect how *Avandia* works. To help you remember to take *Avandia*, you may want to take it at the same time every day.

What if I miss a dose?
If your doctor has prescribed *Avandia* for use once a day:

- As soon as you remember your missed dose, take one tablet anytime during the day.
- If you forget and go a whole day without taking a dose, don't try to make it up by adding another dose on the following day. Forget about the missed dose and simply follow your normal schedule.

If your doctor has prescribed *Avandia* for use twice a day:

- As soon as you remember the missed dose, take one tablet.
- Take the next dose at the normal time on the same day.
- Don't try to make up a missed dose from the day before.
- You should never take three doses on any single day in order to make up for a missed dose the day before.

Do I need to test my blood for sugar while using *Avandia*?
Yes, you should follow your doctor's instructions about your at-home testing schedule.

Does *Avandia* cure type 2 diabetes?
Currently there is no cure for diabetes. The only way to avoid the effects of the disease is to maintain good blood sugar control by following your doctor's advice for diet, exercise, weight control, and medication. *Avandia*, alone or in combination with other prescription drugs, may improve these other efforts by helping your body make bette the insulin it already produces.

Can I take *Avandia* with other medications?
Avandia has been taken safely by people using othe cations, including other antidiabetic medications, bi trol pills, warfarin (a blood thinner), Zantac® (ranitic antiulcer product manufactured by Glaxo Wellcom certain heart medications, and some cholesterol-lo products. You should discuss with your doctor th appropriate plan for you. If you are taking prescri over-the-counter products for your diabetes or for tions other than diabetes, be sure to tell your doctor times a patient who is taking two antidiabetic medi each day can become irritable, lightheaded or exce tired. Tell your doctor if this occurs; your blood suga may be dropping too low, and the dose of your med may need to be reduced.

What should I discuss with my doctor before *Avandia*?
You should talk to your doctor if you have a his edema, liver problems or congestive heart failure, c are nursing, pregnant or thinking of becoming preg you are a premenopausal woman who is not ovulati should know that *Avandia* therapy may result in the re tion of ovulation, which may increase your chan becoming pregnant. Therefore, you may need to c birth control options.

What are the possible side effects of *Avandia*?
Avandia was generally well tolerated in clinical tria most common side effects reported by people *Avandia* were upper respiratory infection and hea As with most other diabetes medications, you may rience an increase in weight (3 to 8 pounds). Thi occurs with improved blood sugar control. *Avand* also cause edema and/or anemia. If you experien swelling of your extremities (e.g., legs, ankles) or tire notify your doctor. Talk to your doctor if you expe shortness of breath or unusually rapid increase in w

Who should not use *Avandia*?
The following people should not take *Avandia*: Peop type 1 diabetes, people who experience yellowing skin with Rezulin® (troglitazone, Parke-Davis), peop are allergic to *Avandia* or any of its components an ple with diabetic ketoacidosis.

Why are laboratory tests recommended?
Your doctor may conduct blood tests to measur blood sugar control. In addition, your doctor may c liver enzyme tests. *Avandia* did not show signs problems in studies. However, because a relate (*Rezulin*) has been associated with such problem because *Avandia* has not been widely used, your may recommend a blood test to monitor your liver you start taking *Avandia*, every 2 months during t year and periodically thereafter.

It is important that you call your doctor immediately experience nausea, vomiting, stomach pain, tire anorexia, dark urine, or yellowing of the skin.

How should I store *Avandia*?
Avandia should be stored at room temperature in a proof container out of the reach of children. Store *A* in its original container.

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THE TOP 10

Here's how our best cities measured up when the scores in our seven major categories—crime, lifestyle, schools, jobs, health care, child care and government—are combined. Before we came up with a total, we weighted the categories based on what readers told us mattered to them most and least of all.

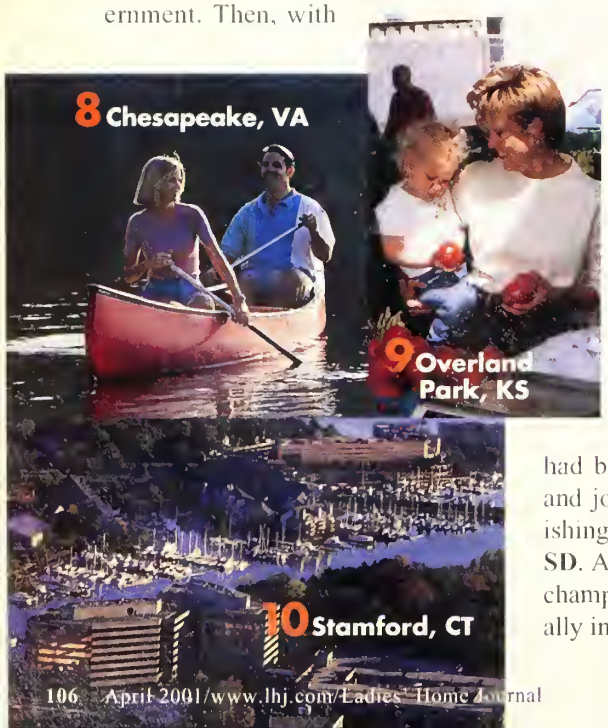
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6. PLANO, TX
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9. OVERLAND PARK, KS
10. STAMFORD, CT



(continued from page 102) not only the cultural resources and parks, but also the little details that can loom so large—such as the probability of finding a ladies' rest room when you really, really need one, or the likelihood that you'll have more good vs. bad hair days, based on prevailing weather conditions.

As always, we started our survey by asking readers to rank their most pressing concerns. When it comes to what makes a community a great place to live, you declared that a low-crime rate is paramount, followed by a pleasant lifestyle, good public schools, plentiful job opportunities, quality health- and child-care resources and a significant number of women in local government. Then, with the expert help of Sperling's BestPlaces (*www.bestplaces.net*), a leading demographics consulting firm in Portland, OR, we weighted the cities' scores to reflect those preferences.

But this year we significantly deepened our data pool. To get a sharper perspective on the availability and quality of health care for women from city to city—and to get a read on where women are more, or less, likely to practice healthy habits, like going to the gym or getting mammograms regularly—we consulted a number of sources. We turned to the National Institutes of Health for mortality rates for heart disease and five types of cancer; the Centers for Disease Control and Prevention (CDC) helped us track patterns of smoking, exercising and other behaviors (see "On Best Behavior," page 110). We even gathered information on how likely women in each town were to have annual Pap smears. To see where women's health care is at its best, see "The Best City For . . . ," page 110.



Our very top winners were not only healthy, but also wealthy and wise. All had better-than-average economies and job prospects—especially flourishing **Plano, TX**, and **Sioux Falls, SD**. As for family issues, most of our champs ranked in the top half nationally in education, child care, or both.

If your city failed to shine on this year's list, consider some hometown truths. None of these places is perfect: **Alexandria**, which came in first, for instance, has a tough work commute for many of its residents. And the fact remains that any city can be a great place to live if it gives you and your family what you want. —*Lynn Langway*

For more information on LHJ's Best Cities report, log on to www.lhj.com

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Slow progression of atherosclerosis (hardening of the arteries)[2]	✓	
Reduce the need for bypass surgery[1,2]	✓	
Reduce the need for angioplasty[1,2]	✓	

1. For people with high cholesterol who have never had a heart attack and have no evidence of Coronary Heart Disease
2. For people who have had a heart attack or evidence of Coronary Heart Disease

The clinical impact of the comparative differences shown in this chart is not known.

**Leading Brand is the #1 most prescribed brand of cholesterol lowering medication in the U.S. according to IMS National Prescription Audit, week of 8/4/00.

Important Information: Pravachol® (pravastatin sodium), a prescription drug, is not for everyone, including women who are pregnant or nursing or may become pregnant, or people with liver problems. And because serious side effects can result, tell your doctor about any unexplained muscle pain or weakness you experience while on Pravachol, and about any medications you are taking. He may do blood tests to check for liver problems. Be sure your doctor knows about any other medications you are taking, so any possible serious drug interactions can be avoided. Some mild side effects, such as slight rash or stomach upset, occur in 2-4% of patients. Ask your healthcare provider if Pravachol is right for you.

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(pravastatin sodium) Tablets

Brief Summary of Prescribing Information for complete prescribing information, please consult official package circular

CONTRAINDICATIONS: Hypersensitivity to any component of this medication. Active liver disease or unexplained, persistent elevations in liver function tests (see **WARNINGS**). *Pregnancy and lactation:* Atherosclerosis is a chronic process and discontinuation of lipid-lowering drugs during pregnancy should have little impact on the outcome of long-term therapy of primary hypercholesterolemia. Cholesterol and other products of cholesterol biosynthesis are essential components for fetal development (including synthesis of steroids and cell membranes). Since HMG-CoA reductase inhibitors decrease cholesterol synthesis and possibly the synthesis of other biologically active substances derived from cholesterol, they are contraindicated during pregnancy and in nursing mothers. **Pravastatin should be administered to women of childbearing age only when such patients are highly unlikely to conceive and have been informed of the potential hazards.** If the patient becomes pregnant while taking this class of drug therapy, should be discontinued immediately and the patient apprised of the potential hazard to the fetus (see **PRECAUTIONS: Pregnancy**)

WARNINGS: Liver Enzymes: HMG-CoA reductase inhibitors, like some other lipid-lowering therapies, have been associated with biochemical abnormalities of liver function. Increases of serum transaminase (ALT, AST) values to more than 3 times the upper limit of normal (ULN) on 2 or more (not necessarily sequential) occasions have been reported in 1.3% of patients treated with pravastatin in EXCEL over an average period of 18 months. These abnormalities were not associated with cholestasis, jaundice, or other clinical disease related to treatment duration. In those patients in whom these abnormalities were believed to be drug related, the majority were discontinued from therapy, the transaminase levels usually fell slowly to pretreatment levels. These biochemical findings are usually asymptomatic although worldwide experience indicates that clinical hepatitis, jaundice, and/or abdominal pain may also be present in rare patients. In the largest long-term placebo-controlled clinical trial with pravastatin (Pravastatin Primary Prevention Study; see **CLINICAL PHARCMACLDLOGY**), the overall incidence of ALT and/or AST elevations to greater than three times the upper limit of normal was 1.05% in the pravastatin group as compared to 0.7% in the placebo group. One (0.03%) pravastatin-treated patient and 2 (0.06%) placebo-treated patients were discontinued because of transaminase elevations. Of the patients with normal liver function at week 12, three of 2875 treated with pravastatin (0.10%) and one of the 2919 placebo patients (0.03%) had elevations of AST greater than three times the upper limit of normal on two consecutive measurements and/or discontinued due to elevations in transaminase levels during the 4.8 years (median treatment) of the study. **It is recommended that liver function tests be performed prior to and at 12 weeks following initiation of therapy or the elevation of dose.** Patients who develop increased transaminase levels or signs and symptoms of liver disease should be monitored with a second liver function evaluation to confirm the finding and be followed thereafter with frequent liver function tests until the abnormality(ies) return to normal. Should an increase in AST or ALT of three times the upper limit of normal or greater persist, withdrawal of pravastatin therapy is recommended. Active liver disease or unexplained transaminase elevations are contraindications to the use of pravastatin (see **CONTRAINDICATIONS**). Caution should be exercised when pravastatin is administered to patients with a history of liver disease or heavy alcohol ingestion (see **CLINICAL PHARMACOLDGY: Pharmacokinetics/Metabolism**). Such patients should be closely monitored, started at the lower end of the recommended dosing range, and titrated to the desired therapeutic effect. **Skeletal Muscle: Rare cases of rhabdomyolysis with acute renal failure secondary to myoglobinuria have been reported with pravastatin and other drugs in this class.** Uncomplicated myalgia has also been reported in pravastatin-treated patients (see **ADVERSE REACTIONS**). Myopathy, defined as muscle aching or muscle weakness in conjunction with increases in creatine phosphokinase (CPK) values to greater than 10 times the upper normal limit, was rare (<0.1%) in pravastatin clinical trials. Myopathy should be considered in any patient with diffuse myalgias, muscle tenderness or weakness and/or marked elevation of CPK. Patients should be advised to report promptly unexplained muscle pain, tenderness or weakness, particularly if accompanied by malaise or fever. **Pravastatin therapy should be discontinued if markedly elevated CPK levels occur or myopathy is diagnosed or suspected. Pravastatin therapy should also be temporarily withheld in any patient experiencing an acute or serious condition predisposing to the development of renal failure secondary to rhabdomyolysis, e.g., sepsis; hypotension; major surgery; trauma; severe metabolic, endocrine, or electrolyte disorders; or uncontrolled epilepsy.** The risk of myopathy during treatment with another HMG-CoA reductase inhibitor is increased with concurrent therapy with either erythromycin, cyclosporine, niacin, or fibrates. However, neither myopathy nor significant increases in CPK levels have been observed in three reports involving a total of 100 post-transplant patients (24 renal and 76 cardiac) treated for up to two years concurrently with pravastatin 10-40 mg and cyclosporine. Some of these patients also received other concomitant immunosuppressive therapies. Further, in clinical trials involving small numbers of patients who were treated concurrently with pravastatin and niacin, there were no reports of myopathy. Also myopathy was not reported in a trial of combination pravastatin (40 mg/day) and gemfibrozil (1200 mg/day), although 4 of 75 patients on the combination showed marked CPK elevations versus one of 73 patients receiving placebo. There was a trend toward more frequent CPK elevations and patient withdrawals due to musculoskeletal symptoms in the group receiving combined treatment as compared with the groups receiving placebo, gemfibrozil, or pravastatin monotherapy (see **PRECAUTIONS: Drug Interactions**). **The use of fibrates alone may occasionally be associated with myopathy. The combined use of pravastatin and fibrates should be avoided unless the benefit of further alterations in lipid levels is likely to outweigh the increased risk of this drug combination.**

PRECAUTIONS: General: PRAVACHOL may elevate creatine phosphokinase and transaminase levels (see **ADVERSE REACTIONS**). This should be considered in the differential diagnosis of chest pain in a patient on therapy with pravastatin. *Homozygous Familial Hypercholesterolemia.* Pravastatin has not been evaluated in patients with rare homozygous familial hypercholesterolemia. In this group of patients, it has been reported that HMG-CoA reductase inhibitors are less effective because the patients lack functional LDL receptors. *Renal Insufficiency.* A single 20 mg oral dose of pravastatin was administered to 24 patients with varying degrees of renal impairment (as determined by creatinine clearance). No effect was observed on the pharmacokinetics of pravastatin or its 3α-hydroxy isomeric metabolite (SQ 31,906). A small increase was seen in mean AUC values and half-life ($t_{1/2}$) for the inactive enzymatic ring hydroxylation metabolite (SQ 31,945). Given this small sample size, the dosage administered, and the degree of individual variability, patients with renal impairment who are receiving pravastatin should be closely monitored. **Information for Patients:** Patients should be advised to report promptly unexplained muscle pain, tenderness or weakness, particularly if accompanied by malaise or fever (see **WARNINGS: Skeletal Muscle**). **Drug Interactions:** *Immunosuppressive Drugs, Gemfibrozil, Niacin (Nicotinic Acid), Erythromycin.* See **WARNINGS: Skeletal Muscle**. *Cytochrome P450 3A4 Inhibitors. In vitro* and *in vivo* data indicate that pravastatin is not metabolized by cytochrome P450 3A4 to a clinically significant extent. This has been shown in studies with known cytochrome P450 3A4 inhibitors (see diltiazem and itraconazole below). Other examples of cytochrome P450 3A4 inhibitors include ketoconazole, ritnebradil, and erythromycin. *Diltiazem* – Steady-state levels of diltiazem (a known, weak inhibitor of P450 3A4) had no effect on the pharmacokinetics of pravastatin. In this study, the AUC and C_{max} of another HMG-CoA reductase inhibitor which is known to be metabolized by cytochrome P450 3A4 increased by factors of 3.6 and 4.3, respectively. *Itraconazole* – The mean AUC and C_{max} for pravastatin were increased by factors of 1.7 and 2.5, respectively, when given with itraconazole (a potent P450 3A4 inhibitor which also inhibits p-glycoprotein transport) as compared to placebo. The mean $t_{1/2}$ was not affected by itraconazole, suggesting that the relatively small increases in C_{max} and AUC were due solely to increased bioavailability rather than a decrease in clearance, consistent with inhibition of p-glycoprotein transport by itraconazole. This drug transport system is thought to affect bioavailability and excretion of HMG-CoA reductase inhibitors, including pravastatin. The AUC and C_{max} of another HMG-CoA reductase inhibitor which is known to be metabolized by cytochrome P450 3A4 increased by factors of 19 and 17, respectively, when given with itraconazole. *Antipyrine.* Since concomitant administration of pravastatin had no effect on the clearance of antipyrine, interactions with other drugs metabolized via the same hepatic cytochrome isozymes are not expected. *Cholestyramine/Colestipol:* Concomitant administration resulted in an approximately 40 to 50% decrease in the mean AUC of pravastatin. However, when pravastatin was administered 1 hour before or 4 hours after cholestyramine or 1 hour before colestipol and a standard meal, there was no clinically significant decrease in bioavailability or therapeutic effect. (See **DOSAGE AND ADMINISTRATION: Concomitant Therapy**.) *Warfarin:* Pravastatin had no clinically significant effect on prothrombin time when administered in a study to normal elderly subjects who were stabilized on warfarin. *Cimetidine:* The $AUC_{0\text{-}12\ hr}$ for pravastatin when given with cimetidine was not significantly different from the AUC for pravastatin when given alone. A significant difference was observed between the AUC's for pravastatin when given with cimetidine compared to when administered with antacid. *Digoxin.* In a crossover trial involving 18 healthy male subjects given pravastatin and digoxin concurrently for 9 days, the bioavailability parameters of digoxin were not affected. The AUC of pravastatin tended to increase, but the overall bioavailability of pravastatin plus its metabolites SO 31,906 and SO 31,945 was not altered. *Cyclosporine:* Some investigators have measured cyclosporine levels in patients on pravastatin, and to date, these results indicate no clinically meaningful elevations in cyclosporine levels. In one single-dose study, pravastatin levels were found to be increased in cardiac transplant patients receiving cyclosporine. *Gemfibrozil:* In a crossover study in 20 healthy male volunteers given concomitant single doses of pravastatin and gemfibrozil, there was a significant decrease in urinary excretion and protein binding of pravastatin. In addition, there was a significant increase in AUC, C_{max}, and T_{max} for the pravastatin metabolite SO 31,906. Combination therapy with pravastatin and gemfibrozil is generally not recommended. In interaction studies with *aspirin, antacids* (1 hour prior to PRAVACHOL), *cimetidine, nicotinic acid,* or *probucol,* no statistically significant differences in bioavailability were seen when PRAVACHOL was administered. **Endocrine Function:** HMG-CoA reductase inhibitors interfere with cholesterol synthesis and lower circulating cholesterol levels and, as such, might theoretically blunt adrenal or gonadal steroid hormone production. Results of clinical trials with pravastatin in males and post-menopausal females were inconsistent with regard to possible effects of the drug on basal steroid hormone levels. In a study of 21 males, the mean testosterone response to human chorionic gonadotropin was significantly reduced ($p<0.004$) after 16 weeks of treatment with 40 mg of pravastatin. However, the percentage of patients showing a ≥50% rise in plasma testosterone after human chorionic gonadotropin stimulation did not change significantly after therapy in these patients. The effects of HMG-CoA reductase inhibitors on spermatogenesis and fertility have not been studied in adequate numbers of patients. The effects, if any, of pravastatin on the pituitary-gonadal axis in pre-menopausal females are unknown. Patients treated with pravastatin who display clinical evidence of endocrine dysfunction should be evaluated appropriately. Caution should also be exercised if an HMG-CoA reductase inhibitor or other agent used to lower cholesterol levels is administered to patients also receiving other drugs (e.g., ketoconazole, spironolactone, cimetidine) that may diminish the levels or activity of steroid hormones. **CNS Toxicity:** CNS vascular lesions, characterized by perivascular hemorrhage and edema and mononuclear cell infiltration of perivascular spaces, were seen in dogs treated with pravastatin at a dose of 25 mg/kg/day, a dose that produced a plasma drug level about 50 times higher than the mean drug level in humans taking 40 mg/day. Similar CNS vascular lesions have been observed with several other drugs in this class. A chemically similar drug in this class produced optic nerve degeneration (Wallerian degeneration of retinogeniculate fibers) in clinically normal dogs in a dose-dependent fashion starting at 60 mg/kg/day, a dose that produced mean plasma drug levels about 30 times higher than the mean drug level in humans taking the highest recommended dose (as measured by total enzyme inhibitory activity). This same drug also produced vestibulocochlear Wallenan-like degeneration and retinal ganglion cell chromatolysis in dogs treated for 14 weeks at 180 mg/kg/day a dose which resulted in plasma drug level similar to that seen with the 60 mg/kg/day dose. **Carcinogenesis, Mutagenesis, Impairment of Fertility:** In a 2-year study in rats fed pravastatin at doses of 10, 30, or 100 mg/kg body weight, there was an increased incidence of hepatocellular carcinomas in males at the highest dose ($p<0.01$). Although rats were given up to 125 times the human dose (HD) on a mg/kg body weight basis, serum drug levels were only 6 to 10 times higher than those measured in humans given 40 mg pravastatin as measured by AUC. In a 2-year study in mice fed pravastatin at doses of 250 and 500 mg/kg/day, there was an increased incidence of hepatocellular carcinomas in males and females at both 250 and 500 mg/kg/day dose. At these doses, lung adenomas in females were increased ($p=0.013$). Serum drug levels were 30 to 40 times HD (500 mg/kg/day) and 50 times (500 mg/kg/day) that of humans given 40 mg pravastatin, as measured by AUC. In another study in mice with doses at up to 100 mg/kg/day (producing plasma drug levels up to 5 times human drug levels), there were no drug-induced tumors. No evidence of mutagenicity was observed *in vitro*, with or without rat-liver activation, in the following studies: microbial mutagen tests, using mutant strains of *Salmonella typhimurum* or *E. coli*; a forward mutation assay in L5178Y TK +/- mouse lymphoma cells; a chromosomal aberration test in human lymphocytes; and a gene conversion assay using *Saccharomyces cerevisiae*. In addition, there was no evidence of mutagenicity in a dominant lethal test in mice or a micronucleus test in mice. In a study in rats, with daily doses up to 500 mg/kg, pravastatin did not produce any adverse effects on fertility or general reproductive performance. However, in a study with another HMG-CoA reductase inhibitor, there was decreased fertility in male rats treated for 34 weeks at 25 mg/kg but although this effect was not observed in a subsequent fertility study when this same dose was administered for 24 weeks (the entire cycle of spermatogenesis, including epididymal maturation). In rats treated with this same reductase inhibitor, 180 mg/kg/day, seminiferous tubule degeneration (necrosis and loss of spermatogenic epithelium) was observed, which was not seen with pravastatin, two similar drugs in this class caused drug-related testicular atrophy, decreased spermatogenesis, spermatocytic degeneration, and giant cell formation in dogs. The clinical significance of these findings is unknown. **Pregnancy: Pregnancy Category X.** See **CONTRAINDICATIONS**. Safety in pregnant women has not been established. Pravastatin was not teratogenic in rats at doses up to 1000 mg/kg daily or in rabbits at doses of up to 50 mg/kg/day. These doses resulted in 20x (rabbit) or 240x (rat) the human exposure based on surface area (mg/meter^2). Rare reports of congenital anomalies have been received following intrauterine exposure to other HMG-CoA reductase inhibitors. In a review of approximately 100 prospectively followed pregnancies in women exposed to simvastatin or lovastatin, the incidence of congenital anomalies, spontaneous abortions and fetal deaths/stillbirths did not exceed what would be expected in the general population. The number of cases is adequate only to exclude a three-to-four-fold increase in congenital anomalies over the background incidence. In 89% of the prospectively followed pregnancies, drug treatment was initiated prior to pregnancy and was discontinued at some point in the first trimester when pregnancy was identified. As safety in pregnancy has not been established and there is no apparent benefit to therapy with PRAVACHOL during pregnancy (see **CONTRAINDICATIONS**), treatment should be immediately discontinued as soon as pregnancy is recognized. PRAVACHOL (pravastatin sodium) should be administered to women of child-bearing potential only when such patients are highly unlikely to conceive and have been informed of the potential hazards. **Nursing Mothers:** A small amount of pravastatin is excreted in human breast milk. Because of the potential for serious adverse reactions in nursing infants, women taking PRAVACHOL should not nurse (see **CONTRAINDICATIONS**). **Pediatric Use:** Safety and effectiveness in individuals less than 18 years old have not been established. Hence, treatment in patients less than 18 years old is not recommended at this time. **Geriatric Use:** Two secondary prevention trials with pravastatin (CARE and LIPID) included a total of 6,593 subjects treated with pravastatin 40 mg for periods ranging up to 6 years. Across these two studies, 36.1% of pravastatin subjects were 65 and older and 0.8% were aged 75 and older. The beneficial effect of pravastatin in elderly subjects in reducing cardiovascular events and in modifying lipid profiles was similar to that seen in younger subjects. The adverse event profile was generally similar to that in the overall population. Other reported clinical experience has not identified differences in responses to pravastatin between elderly and younger patients. Mean pravastatin AUCs are slightly (25-50%) higher in elderly subjects than in healthy young subjects, but mean C_{max}, T_{max} and $t^1/_2$ values are similar in both age groups and no dosage adjustment or accumulation of pravastatin would not be expected in the elderly (see **CLINICAL PHARMACOLOGY: Pharmacokinetics/Metabolism**).

ADVERSE REACTIONS: Pravastatin is generally well tolerated; adverse reactions have usually been mild and transient. In 4-month long placebo-controlled trials, 1.7% of pravastatin-treated patients and 1.2% of placebo-treated patients were discontinued from treatment because of adverse expenences attributed to study drug therapy; this difference was not statistically significant. In long-term studies, the most common reasons for discontinuation were asymptomatic transaminase increases and mild, non-specific gastrointestinal complaints. (See also **PRECAUTIONS; Geriatric Use**.) **Adverse Clinical Events:** All adverse clinical events (regardless of attribution) reported in more than 2% of pravastatin or placebo-treated patients in the placebo-controlled trials are identified in the table below; also shown are the percentages of patients for whom these medical events were believed to be related or possibly related to the drug:

	All Events		Events Attributed to Study Drug	
Body System/Event	**Pravastatin (N = 900) %**	**Placebo (N = 411) %**	**Pravastatin (N = 900) %**	**Placebo (N = 411) %**
Cardiovascular				
Cardiac Chest Pain	4.0	3.4	0.1	0.0
Dermatologic Rash	4.0*	1.1	1.3	0.9
Gastrointestinal				
Nausea/Vomiting	7.3	7.1	2.9	3.4
Diarrhea	6.2	5.6	2.0	1.9
Abdominal Pain	5.4	6.9	2.0	3.9
Constipation	4.0	7.1	2.4	5.1
Flatulence	3.3	3.6	2.7	3.4
Heartburn	2.9	1.9	2.0	0.7
General				
Fatigue	3.8	3.4	1.9	1.0
Chest Pain	3.7	1.9	0.3	0.2
Influenza	2.4*	0.7	0.0	0.0
Musculoskeletal				
Localized Pain	10.0	9.0	1.4	1.5
Myalgia	2.7	1.0	0.6	0.0
Nervous System				
Headache	6.2	3.9	1.7*	0.2
Dizziness	3.3	3.2	1.0	0.5
Renal/Genitourinary				
Urinary Abnormality	2.4	2.9	0.7	1.2
Respiratory				
Common Cold	7.0	6.3	0.0	0.0
Rhinitis	4.0	4.1	0.1	0.0
Cough	2.6	1.7	0.1	0.0

*Statistically significantly different from placebo.

In three large, placebo-controlled trials (West of Scotland Coronary Prevention study [WOS], Cholesterol and Recurrent Events study [CARE], and Long-term Intervention with Pravastatin in Ischemic Disease study [LIPID]) involving a total of 14,358 patients treated with PRAVACHOL (pravastatin sodium) (N=9895) or placebo (N=9873), the safety and tolerability profile in the pravastatin group was comparable to that of the placebo group over the median 4.8 to 5.9 years of follow-up. The following effects have been reported with drugs in this class; not all the effects listed below have necessarily been associated with pravastatin therapy: *Skeletal:* myopathy, rhabdomyolysis, arthralgia. *Neurological:* dysfunction of certain cranial nerves (including alteration of taste, impairment of extra-ocular movement, facial paresis), tremor, vertigo, memory loss, paresthesia, peripheral neuropathy, peripheral nerve palsy, anxiety, insomnia, depression. *Hypersensitivity Reactions:* A hypersensitivity syndrome has been reported rarely which has included one or more of the following features: anaphylaxis, angioedema, lupus erythematous-like syndrome, polymyalgia rheumatica, dermatomyositis, vasculitis, vesiculobullous rash, thrombocytopenia, leukopenia, hemolytic anemia, positive ANA, ESR increase, eosinophilia, arthritis, arthralgia, urticaria, asthenia, photosensitivity, fever, chills, flushing, malaise, dyspnea, toxic epidermal necrolysis, erythema multiforme, including Stevens-Johnson syndrome. *Gastrointestinal:* pancreatitis, hepatitis, including chronic active hepatitis, cholestatic jaundice, fatty change in liver, and, rarely, cirrhosis, fulminant hepatic necrosis, and hepatoma, anorexia, vomiting, dyspepsia, pruritus. A variety of skin changes (e.g., nodules, discoloration, dryness of skin/mucous membranes, alopecia, hair/nails) have been reported. *Reproductive:* gynecomastia, loss of libido, erectile dysfunction. *Eye:* progression of cataracts (lens opacities), ophthalmoplegia. *Laboratory Abnormalities:* elevated transaminases, alkaline phosphatase, and thyroid function abnormalities. **Laboratory Test Abnormalities:** Increases in serum transaminase (ALT, AST) values have been observed (see **WARNINGS**). Transient, asymptomatic eosinophilia has been reported. Eosinophil count returned to normal despite continued therapy. Anemia, thrombocytopenia, and leukopenia have been reported with HMG-CoA reductase inhibitors. **Concomitant Therapy:** Pravastatin has been administered concurrently with cholestipol, colestipol, nicotinic acid, probucol and gemfibrozil. Preliminary data suggest that the addition of either probucol or gemfibrozil to therapy with lovastatin or pravastatin is **not** associated with greater reduction in LDL-cholesterol than therapy with lovastatin or pravastatin alone. No adverse reactions unique to the combination or in addition to those previously reported for each drug alone have been reported. Myopathy and rhabdomyolysis (with or without acute renal failure) have been reported when another HMG-CoA reductase inhibitor was used in combination with immunosuppressive drugs, gemfibrozil, erythromycin, or lipid-lowering doses of nicotinic acid. Concomitant therapy with HMG-CoA reductase inhibitors and other lipid-lowering agents is generally not recommended. (See **WARNINGS: Skeletal Muscle** and **PRECAUTIONS: Drug Interactions**).

OVERDDSAGE: To date, there are two reported cases of overdosage with pravastatin, both of which were asymptomatic; overdosage is not associated with clinical laboratory abnormalities. If an overdose occurs, it should be treated symptomatically and supportive measures should be instituted as required.

REFERENCE: [1]Manson JM, Freyssinges C, Ducrocq MB, Stephenson WP. Postmarketing Surveillance of Lovastatin and Simvastatin Exposure During Pregnancy. *Reproductive Toxicology* 10(6):439-446, 1996.

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THE BEST CITY FOR...

The Top 10 lists change when we focus on individual categories, such as crime and lifestyle. Each category is based on a number of measures—in education, for example, we looked at high-school graduation rates, student-teacher ratios and the amount of money spent per student.

CHILD CARE
1. Burlington, VT
2. Alexandria, VA
3. Ann Arbor, MI
4. Irvine, CA
5. Wilmington, DE
6. Rochester, NY
7. Worcester, MA
8. Tampa, FL
9. Pittsburgh, PA
10. Hartford, CT

LIFESTYLE
1. Fargo, ND
2. Boston, MA
3. Norfolk, VA
4. Abilene, TX
5. Springfield, MA
6. Seattle, WA
7. Cedar Rapids, IA
8. St. Paul, MN
9. Spokane, WA
10. Tacoma, WA

JOBS
1. Burlington, VT
2. Scottsdale, AZ
3. Lancaster, CA
4. San Francisco, CA
5. Portland, ME
6. Santa Rosa, CA
7. Ann Arbor, MI
8. Alexandria, VA
9. Irvine, CA
10. Hollywood, FL

EDUCATION
1. Alexandria, VA
2. Stamford, CT
3. Madison, WI
4. Ann Arbor, MI
5. Boston, MA
6. Durham, NC
7. Overland Park, KS
8. Plano, TX
9. Lincoln, NE
10. Rochester, NY

HEALTH CARE
1. Durham, NC
2. Boston, MA
3. Ann Arbor, MI
4. Burlington, VT
5. Stamford, CT
6. Nashville, TN
7. Macon, GA
8. Little Rock, AR
9. Denver, CO
10. New York, NY

GOVERNMENT
1. Santa Clarita, CA
2. Minneapolis, MN
3. Ann Arbor, MI
4. San Bernadino, CA
5. San Diego, CA
6. Arlington, TX
7. Santa Rosa, CA
8. Escondido, CA
9. Madison, WI
10. Salinas, CA

LOW CRIME
1. Thousand Oaks, CA
2. Sunnyvale, CA
3. Glendale, CA
4. Irvine, CA
5. Huntington Beach, CA
6. Rancho Cucamonga, CA
7. Sioux Falls, SD
8. Fargo, ND
9. Sterling Heights, MI
10. Manchester, NH

The healthiest places to live

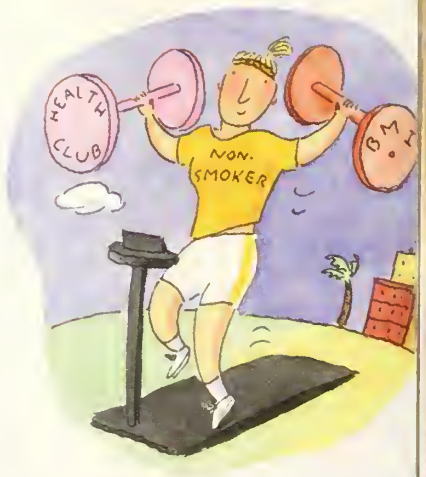
On Best Behavior

You can drop those Flori-duh jokes now. Even if Floridians fumble their vote counts, the Sunshine State shines brilliantly when it comes to healthy habits. Four Florida cities rule our index of healthy behaviors: Orlando, at number one, with Miami, Fort Lauderdale and Tampa in positions three, five and ten.

Using the latest data from the CDC and other authoritative sources, we created our ratings by calculating the prevalence of good and bad behavior (exercising, smoking) in each of the cities, along with the per capita presence of diet busters (fast-food chains) and boons (health clubs), as well as the average Body Mass Index (BMI) of local females.

The results were fascinating—and quirky. Orlando women, for instance, must flex some mighty willpower, since burger joints (one for every 2,026 citizens) outnumber health clubs (one for every 4,098) by about two to one. As for exercise, while Californians predictably dominated our list, the best sweat set was the women of Lubbock, TX, who reported working out 1,029.4 minutes the previous month, or about 34.3 minutes per day (does line-dancing count?). No wonder the Lubbock ladies had one of the leanest BMIs—25.5.

At the other end of the scale, the five most slothful cities reported less than four hours of exercise per month, including Washington, D.C.; Springfield and Rockford, IL; Cleveland and Toledo, OH. And the pudgiest places, with BMIs over 36, were Columbus, OH; Topeka, KS; Brownsville, TX; and Kansas City, KS, which porked out at 37.



Healthiest Lifestyles	Unhealthy Lifestyles
1) Orlando, FL	191) Pomono, CA
2) Stamford, CT	192) Worren, MI
3) Miomi, FL	193) Poterson, NJ
4) Erie, PA	194) Ontario, CA
5) Fort Louderdole, FL	195) Moreno Volley, CA
6) Wilmington, DE	196) Detroit, MI
7) Columbio, SC	197) Sonto Ano, CA
8) Atlonta, GA	198) Gary, IN
9) Rochester, NY	199) Nework, NJ
10) Tompo, FL	200) Konsos City, KS

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Upstage the Bunny

After Layer Lemon Pie

0 minutes
o strawberry jam
ared graham cracker crust (9 in.)
HILADELPHIA® Cream Cheese, softened
sugar
(8 oz. each) COOL WHIP Whipped
, thawed, divided
ups cold milk
(4-serving size each) JELL-O® Lemon
Instant Pudding

SPREAD jam on bottom of crust. Mix cream cheese and sugar in bowl with wire whisk until smooth. Gently stir 1/2 tub of whipped topping into cream cheese mixture. Spread over jam.

POUR milk into large bowl. Add pudding mixes; beat with wire whisk 1 minute or until blended. Gently stir in remaining 1/2 tub whipped topping. Spread over cream cheese layer.

REFRIGERATE 4 hours or until set. Garnish with whipped topping.

Makes 8 servings.



Do The Cool Whip!™

Checking Up On The Kids

Listen up, children. If you want better odds on delaying those pesky checkups and scary shots, get Mom and Dad to move to Riverside, CA. With only one pediatrician for every 14,229 individuals there, you stand a much better chance of staying off the doc's radar.

But avoid Boston, unless you're really hooked on those lollipops the pediatrician hands out. The Massachusetts metropolis has lots of medical schools and approximately one children's doctor for every 1,470 people, so it's harder to be ignored.

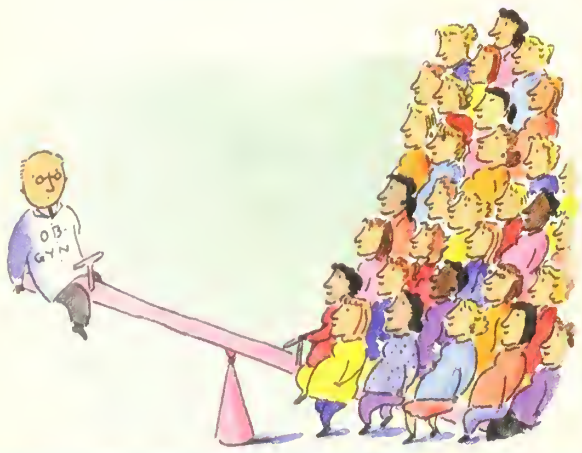
Pediatric Plenty
1) Boston, MA
2) Durham, NC
3) Washington, DC
4) Burlington, VT
5) Norfolk, VA
6) Yonkers, NY
7) Ann Arbor, MI
8) Little Rock, AR
9) Denver, CO
10) San Francisco, CA

Pediatric Drought
191) Beaumont, TX
192) Solinos, CA
193) South Bend, IN
194) Topeko, KS
195) Spokane, WA
196) Fort Wayne, IN
197) Erie, PA
198) Solem, OR
199) Moreno Valley, CA
200) Riverside, CA

Speaking of Pap Smears

If you think you have a long wait to see your ob-gyn, consider the extra-patient patients of Cedar Rapids, IA, where there's only one such specialist for every 18,484 people!

The stirrups cup in this category goes to Washington, D.C., where the odds are lots better, with one ob-gyn for every 2,522 individuals.



Most Ob-Gyns
1) Washington, DC
2) Durham, NC
3) Macon, GA
4) Denver, CO
5) Ann Arbor, MI
6) Atlanta, GA
7) Boston, MA
8) Yonkers, NY
9) Norfolk, VA
10) Newark, NJ

Fewest Ob-Gyns
191) Tallahassee, FL
192) Modesto, CA
193) Lakewood, CO
194) Stockton, CA
195) Salem, OR
196) Brownsville, TX
197) Moreno Valley, CA
198) Riverside, CA
199) Laredo, TX
200) Cedar Rapids, IA

Where Breast Cancer Kills

Newark, NJ, holds a regrettable health record: According to the National Cancer Institute, the city's rate of one breast-cancer death per every 2,895 women is the highest in our survey.

That shocking statistic may be explained by ethnicity: Newark's population is 56 percent African-American, and African-Americans, as a group, have a higher breast-cancer death rate than other racial groups. It may also have to do with socioeconomics: According to the most recent census, 26.3 percent of Newark residents are below the poverty line, and poorer people generally get inferior medical care and are more likely to die from cancer than wealthy people. Other factors that may contribute to a city's cancer mortality rate include proximity to superior medical facilities, as well as the population's diet and exercise habits.

Lowest Mortality Rates
1) Brownsville, TX
2) Laredo, TX
3) Macon, GA
4) Lubbock, TX
5) Corpus Christi, TX
6) Austin, TX
7) Plano, TX
8) Amarillo, TX
9) Springfield, TX
10) Jackson, MS

Highest Mortality Rates
191) Rochester, NY
192) San Francisco, CA
193) Washington, DC
194) Philadelphia, PA
195) Cincinnati, OH
196) New York, NY
197) Elizabeth, NJ
198) Buffalo, NY
199) Yonkers, NY
200) Newark, NJ

What Care Costs

Today's spiraling medical costs can give anyone a migraine, but some cities offer relative bargains on the average cost of visiting the doctor and dentist, buying over-the-counter drugs and staying in the hospital.

According to data from the U.S. Bureau of Labor Statistics, New Orleans boasts the least expensive medical bills among American cities—probably a lucky thing, given the local penchant for rich foods, late nights and frisky behavior.

Meanwhile, world-class medical centers like New York City or San Francisco and their surrounding areas may provide top-notch treatments—but at prices to match.

Cheapest Care
1) New Orleans, LA
2) Jackson, MS
3) Mobile, AL
4) Winston-Salem, NC
5) Amarillo, TX
6) Charlestan, WV
7) Columbus, GA
8) Nashville, TN
9) Memphis, TN
10) Buffalo, NY

Priciest Care
191) Sunnyvale, CA
192) San Jose, CA
193) Concord, CA
194) Fremont, CA
195) San Francisco, CA
196) Oakland, CA
197) Hayward, CA
198) Anchorage, AK
199) New York, NY
200) Yonkers, NY



What? You really wanted to smell garbage?

We don't think so. That's why we created Glad® Odor Shield™ bags.
Only Odor Shield bags are made with a unique plastic
that actually neutralizes embarrassing trash odors. So your kitchen smells clean and fresh.

GLAD
TALL KITCHEN BAGS
Drawstring
ODOR SHIELD
Reduces Odor

DON'T GET MAD. GET GLAD.™

0, The Glad Products Co.

GOURMET GREENS

Enjoy them at home, with **Hidden Valley Ranch** dressings, and enter for a chance to win a $2,050 KitchenAid® Contour Door refrigerator and other great kitchen prizes!

THE PERFECT SALAD What could be simpler? Here are some basic rules to follow. First, use the freshest greens available. Wash and carefully dry the greens in a salad spinner or in between towels. If the leaves aren't dry, the dressing will be watered down. Then at the last minute, place the greens in a large bowl and toss with your favorite dressing.

Which greens should you use? There was a time when radicchio was considered an exotic import. Now gourmet greens can be found at local supermarkets. Each one has a different shape, texture and taste according to Tom Ney, renowned chef and food editor for **Organic Gardening** magazine. Here are his top five:



[1]
FRISEE
A curly endive that lightens a salad with a delicate, lacy texture and mild nutty flavor.



[2]
MACHE
A Mediterranean delicacy with tongue-shaped leaves, to toss with soft Bibb or Boston lettuce.



[3]
MIZUNA
This Asian mustard green, adds unique feathery texture to baby mixed salad greens.



[4]
RADICCHIO
Wine-red Italian chicory with brilliant white ribs and a bittersweet flavor.

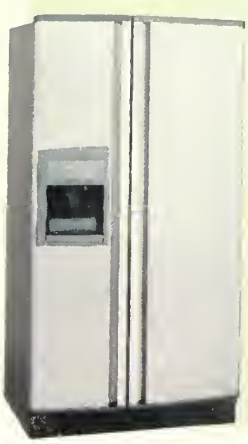


[5]
ARUGULA
An herb and salad green with fresh, young leaves that adds texture and a "toasted" flavor to a salad.

Guess which gourmet green is Tom's Favorite

and you could win great kitchen prizes from **Hidden Valley Ranch**

FOR THE WAY IT'S MADE



Grand Prize
A KitchenAid® 25.4 Cubic Foot Contour Door Side by Side Refriger-ator with AquaSense™ ice and water filtration system and In-Door Ice™ Dispensing system, a year's supply of Hidden Valley Ranch dressings, and a $100 gift certificate to rodalestore.com.

25 First Prizes
A $50 gift certificate to rodalestore.com and a year's supply of Hidden Valley Ranch dressings.

50 Second Prizes
A copy of Organic Gardening Basics: Vegetables

Send your guess, along with your name, address and daytime telephone number to: Tom's Gourmet Greens, Rodale Inc., 33 East Minor Street, Emmaus, PA 18098





Tom's Favorite Gourmet Green Contest OFFICIAL RULES No Purchase Necessary A Purchase Will Not Improve Your Chances of Winning You Are Not a Winner Yet Odds of winning approximately 1 out of 53,000 To enter write on a piece of paper or a 3 x 5 card the number of the lettuce (1, 2, 3, 4, or 5) you believe is Tom Ney's favorite, along with your name, complete address and telephone number with area code, and mail your entry to Tom's Gourmet Greens, Rodale Inc., 33 East Minor Street, Emmaus, PA 18908 Enter as often as you wish, but each entry must be mailed separately Entries must be received by 7/31/01 Not responsible for lost, late, misdirected or non-deliverable entries The winners of Tom's Favorite Gourmet Greens will be determined no later than 8/10/01 in a random drawing from all eligible entries that have correctly chosen Tom's favorite lettuce Winner selection is under the supervision of Rodale Inc., whose decisions are final Taxes, where applicable are the sole responsibility of the winner Sweepstakes open only to residents, 18 years of age or older, of the 50 United States and District of Columbia Employees of Rodale Inc and Clorox, Inc and members of their immediate families are not eligible Sweepstakes subject to all federal, state and local laws and is void wherever prohibited by law Winner may be obligated to sign and return an Affidavit of Eligibility and Release of Liability within 30 days of notification In the event of noncompliance within this time period, an alternate winner may be selected Any prize or prize notification returned to Rodale Inc as undeliverable may result in the awarding of that prize to an alternate winner By acceptance of a prize, winner consents to use his or her name, photograph or other likeness for purpose of advertising, trade and promotion on behalf of Rodale Inc., without further compensation except where prohibited by law Consumer Disclosure All entrants will be eligible to win the following One Grand Prize A KitchenAidTM 25 4 Cubic Foot Contour Door Side by Side Refrigerator (model KSRS25IHSS - $2049 00 MSRP - must take delivery by 12/1/01), a year's supply of Hidden Valley Ranch dressings (ARV $30) and a $100 gift certificate to rodalestore com 25 First Prizes a $50 gift certificate to rodalestore com and a year's supply of Hidden Valley Ranch dressings (ARV $30), 50 Second Prizes a copy of Organic Gardening Basics: Vegetables ($14 95) (Total ARV of all prizes $4926 50) For the names of the winners (available after 8/10/01), send a separate stamped, self-addressed envelope to Organic Gardening, 22 South Second St, Emmaus, PA 18049 Requests must be received by 9/10/01 Sweepstakes is sponsored by Rodale Inc., 33 East Minor Street, Emmaus, Pennsylvania 18098 Queries regarding this sweepstakes should be directed to Legal Department, at the above address.


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Every flush. *Every week.*

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Coverage Capitals

Even if the women of Overland Park, KS, don't make the best-dressed list this year, they're still America's best-covered females. An impressive 97.25 percent have health insurance, according to the CDC, compared to a national average of only 85.4 percent.

Nine of our Top 10 cities beat this national score; only Chesapeake, VA, fell short, with 79.76 percent. That's still far better than our bottom city, Brownsville, TX, where 42.4 percent of the women have no coverage. Since going without insurance often means going without mammograms, other important tests and prenatal care, these gaps are not only financial hardships, but health hazards as well.

Most Insured

1) Overland Park, KS
2) Lansing, MI
3) Springfield, MO
4) Minneapolis, MN
5) Honolulu, HI
6) Macon, GA
7) Madison, WI
8) Aurora, IL
9) Rochester, NY
10) Concord, CA

Least Insured

191) Pasadena, TX
192) Mobile, AL
193) Fresno, CA
194) Corpus Christi, TX
195) Modesto, CA
196) Beaumont, TX
197) Abilene, TX
198) Lubbock, TX
199) El Paso, TX
200) Brownsville, TX



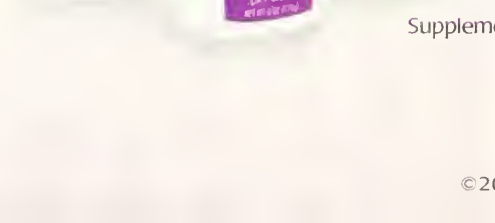
Looking good: In Overland Park, KS, only 2.75 percent of women lack health insurance

HOW THE REST RANK

11) Garland, TX
12) Virginia Beach, VA
13) Lexington, KY
14) Lincoln, NE
15) Fargo, ND
16) Independence, MO
17) Thousand Oaks, CA
18) Mesquite, TX
19) Sterling Heights, MI
20) Worcester, MA
21) Orlando, FL
22) Lakewood, CO
23) Springfield, MA
24) Tallahassee, FL
25) Abilene, TX
26) Springfield, MO
27) Lancaster, CA
28) Cedar Rapids, IA
29) Manchester, NH
30) Tampa, FL
31) Rancho Cucamonga, CA
32) Evansville, IN
33) Arlington, TX
34) Rochester, NY
35) Pittsburgh, PA
36) Richmond, VA
37) Nashville, TN
38) Des Moines, IA
39) Billings, MT
40) Hartford, CT
41) Columbia, SC
42) Glendale, AZ
43) Orange, CA
44) Omaha, NE
45) Louisville, KY
46) Amarillo, TX
47) Scottsdale, AZ
48) Minneapolis, MN
49) Fort Wayne, IN
50) Brownsville, TX
51) Portland, ME
52) Hampton, VA
53) Santa Clarita, CA
54) Cincinnati, OH
55) Raleigh, NC
56) Toledo, OH
57) Moreno Valley, CA
58) Torrance, CA
59) Huntington Beach, CA
60) Wilmington, DE
61) Charleston, WV
62) Lubbock, TX
63) Norfolk, VA
64) Topeka, KS
65) Austin, TX
66) Springfield, IL
67) Aurora, CO
68) Sunnyvale, CA
69) Jacksonville, FL
70) Charlotte, NC
71) Mesa, AZ
72) Milwaukee, WI
73) Little Rock, AR
74) Waterbury, CT
75) Fremont, CA
76) Washington, DC
77) New Haven, CT
78) South Bend, IN
79) Kansas City, MO
80) Newport News, VA
81) Jackson, MS
82) Albuquerque, NM
83) Hollywood, FL
84) St. Petersburg, FL
85) Durham, NC
86) Boise, ID
87) Corpus Christi, TX
88) Columbus, GA
89) Syracuse, NY
90) Cheyenne, WY
91) Pasadena, TX
92) Indianapolis, IN
93) Providence, RI
94) Chattanooga, TN
95) Allentown, PA
96) Bakersfield, CA
97) Knoxville, TN
98) Dayton, OH
99) Grand Rapids, MI
100) Yonkers, NY
101) Fullerton, CA
102) Tulsa, OK
103) Riverside, CA
104) Denver, CO
105) Colorado Springs, CO
106) Lansing, MI
107) Fort Worth, TX
108) Eugene, OR
109) Columbus, OH
110) Reno, NV
111) Tempe, AZ
112) Oklahoma City, OK
113) Greensboro, NC
114) Montgomery, AL
115) Birmingham, AL
116) Bridgeport, CT
117) Buffalo, NY
118) Salem, OR
119) Phoenix, AZ
120) Rockford, IL
121) Aurora, IL
122) Wichita, KS
123) Ontario, CA
124) Peoria, IL
125) San Antonio, TX
126) St. Paul, MN
127) Winston-Salem, NC
128) Erie, PA
129) Garden Grove, CA
130) Atlanta, GA
131) Irving, TX
132) Paterson, NJ
133) Warren, MI
134) Houston, TX
135) Glendale, CA
136) Mobile, AL
137) Salt Lake City, UT
138) Elizabeth, NJ
139) Honolulu, HI
140) Modesto, CA
141) San Bernadino, CA
142) Pamona, CA
143) Oxnard, CA
144) Hialeah, FL
145) Anaheim, CA
146) Gary, IN
147) Laredo, TX
148) Boston, MA
149) Newark, NJ
150) Baton Rauge, LA
151) Santa Rosa, CA
152) Valleja, CA
153) Beaumont, TX
154) Concord, CA
155) Shrevepart, LA
156) Tucson, AZ
157) Akran, OH
158) El Paso, TX
159) Las Vegas, NV
160) Memphis, TN
161) Fresno, CA
162) Baltimore, MD
163) Huntsville, AL
164) Macon, GA
165) Anchorage, AK
166) Dallas, TX
167) Kansas City, KS
168) Jersey City, NJ
169) Spokane, WA
170) Oceanside, CA
171) Miami, FL
172) Fort Lauderdale, FL
173) Pasadena, CA
174) Santa Ana, CA
175) Chula Vista, CA
176) San Diego, CA
177) Stocktan, CA
178) Philadelphia, PA
179) St. Louis, MO
180) Sacramenta, CA
181) Savannah, GA
182) Inglewood, CA
183) Tacoma, WA
184) Seattle, WA
185) New Orleans, LA
186) Escondida, CA
187) Long Beach, CA
188) Hayward, CA
189) Portland, OR
190) Detroit, MI
191) Flint, MI
192) El Monte, CA
193) Chicago, IL
194) San Jose, CA
195) Los Angeles, CA
196) Cleveland, OH
197) San Francisco, CA
198) Oakland, CA
199) New York, NY
200) Salinas, CA



TAKE YOUR SUPPLEMENTS WITH LOTS OF WATER.



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Supplement your skin with Vitabath® Essentials™ skin care products.

vitabath®
ESSENTIALS™
Supplement Your Ski

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At ease

Time to do as you please couldn't be a rarer commodity. And these are the clothes to spend your downtime in—comfortable and practical, yes, but the real appeal is style, style, style. Photographed by Hubie Frowein



SHIRTDRESS, PERRY ELLIS SPORTSWEAR, $129; MULES, STUART WEITZMAN, $180; BELT, AMICI, $20

It's the weekend: Make yourself comfortable in simple silhouettes and the softest knits





TREAT YOURSELF
Left: Give o basic button-down ond jeons o pick-me-up with colorful slingbocks ond o grophic tote. Shirt, United Colors of Benetton, $54; jeons, A.P.C., $100; shoes, Stephone Kelion, $275. This poge: Nothing's comfier thon coshmere seporotes. Sweoter, $275, ond ponts, $195, both FAL by Jeffrey Grubb; shoes, Pearl River Mort.



ALL ABOUT EASE This page: These duds are a pulled-together, yet comfortable, alternative to those old sweatpants. Navy tank, $9, olive pants, $17, striped tank, $11, jeans, $35, all H&M; sneakers, Stephane Kelian, $340; belt, Casual Corner, $24. Right: These toppers have style mileage to spare—perfect for khakis or a dressy skirt. Turtleneck, A.P.C., $110; suede skirt, NF by New Frontier, $138; mules, Stephane Kelian, $275; split-sleeve top, Easel, $106; pants, NF by New Frontier, $126; belt, Casual Corner, $24; shoes, Pearl River Mart.

When freedom to move is a priority, sleeveless tops and tees are the looks to relax in





Step out on the town in comfort and style by pairing an everyday wardrobe staple with a bold floral print

STEPPED-UP BASICS
Left: Let coal jewelry make yaur weekend style stotement. Top, Easel, $99; necklace, Ex Ova. This poge: Clathes dan't get much more camfortoble than o denim skirt; top it wth o flirty print ond yau're out the daor in na time. Top, Esprit, $36; skirt, French Connectian, $85; belt, Amici, $15; sondals, Stuart Weitzmon, $180; bag, Esprit, $44.



all about hue

Put away your play-it-safe neutral makeup shades. This season's new tints for eyes, lips and cheeks come in fabulous living color—all sheer, silky and so wonderfully wearable

By Carol Straley. Photographs by Man



SMOLDERING EYES, PALE LIPS...

How to get the look: When you want to pull out the stops, do the unexpected—intensify your eyes and go for a more innocent, delicate tint for lips. The result is modern, fresh and very sexy. **Accents for eyes:** Getting as close to lashes as possible, line upper and lower lids with a creamy pencil in a slate gray shade, which is softer than, but just as sultry as, black. Brush a deep plum shadow over the liner, then sweep a mauve shadow over lids. Dab a touch of shimmery pink in the inner corners to brighten eyes. All colors are in Chanel's Quadra Eye Shadow kit in Vanités ($52.50). Last, brush on black mascara. **Sweet cheeks:** When eye color is this intense, sweep on just a soft veil of pink powder blusher. Two choices: Cover Girl Cheekers Blush in Deep Rose ($3.05) and Lancôme Delicate Oil-Free Powder Blush in Rose Ivoire ($24.50). **Soft lips:** Finish with a barely there shiny gloss in pale mauve. Try Avon Glazewear Liquid Lip Color in Chic Mauve ($5).

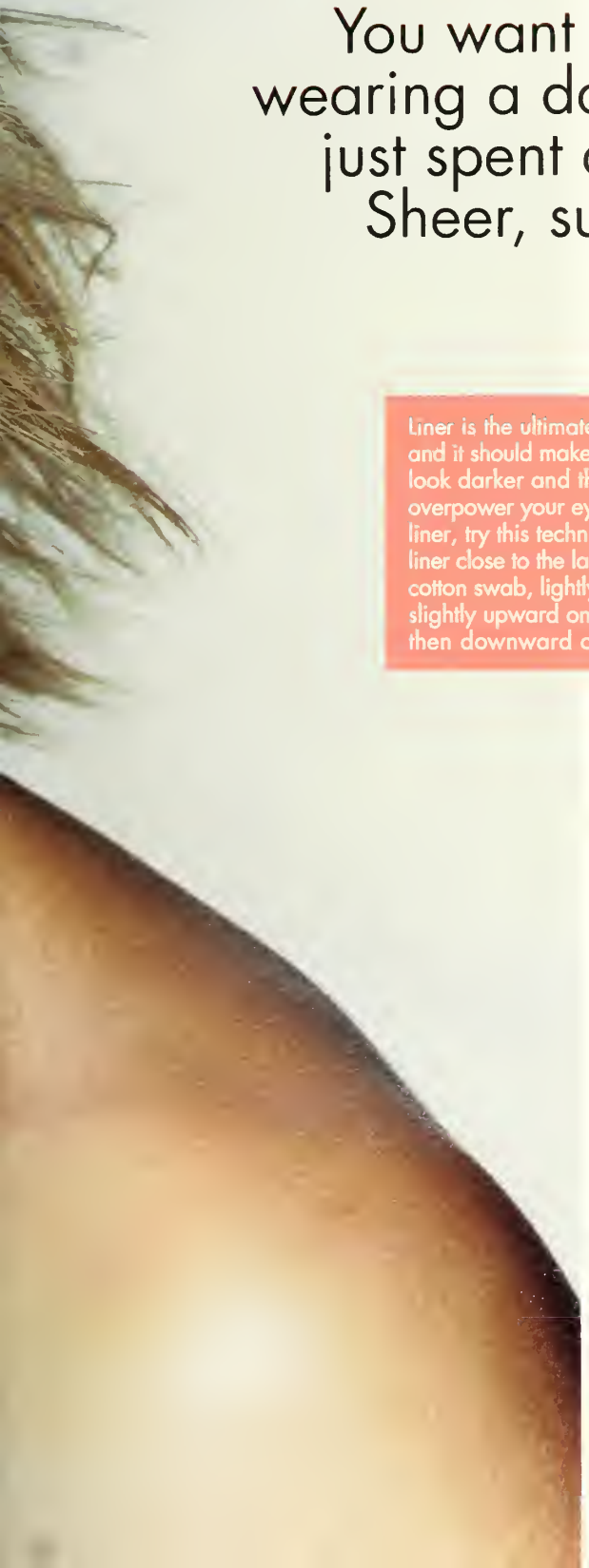
Your eyeshadow and blush will appear most natural if your skin is looking its best. Hate foundation? Even out your skin tone with an ultralight tinted moisturizer. Next, hide dark circles and any blemishes with concealer, then set it with a little loose translucent powder


MAXIMIZE your eyes with shades of plum and mauve. Eye makeup should be most intense at the lashes, becoming gradually lighter toward the crease of lids



sun-kissed

You want to look as if you're not wearing a dab of makeup, like you just spent a week in Palm Beach. Sheer, sunny colors do the trick



Liner is the ultimate eye-opener, and it should make your lashes look darker and thicker but not overpower your eyes. To soften liner, try this technique: Apply liner close to the lashline; using a cotton swab, lightly blend eyeliner slightly upward on upper lid, then downward on lower lid

FOR NATURAL RESULTS, play up cheeks and lips with translucent sun-splashed shades, and accent eyes with metallic neutrals such as bronze or copper

ALLOVER SUNNY GLOW

How to get the look: Put a little sunshine in your looks with shades of golden peach, coral and mango. (Try a touch of gleaming bronze or copper on eyes for extra spark.) The trick is not to emphasize any one feature, but to go for an even, naturally sun-kissed look. **Light up your eyes:** Mistake-proof cream eyeshadow lets you apply sheer color in one swipe with your fingertip. One choice: Revlon Illuminance Creme Shadow in Not Just Nudes ($6.50). Blend the frosty copper shade on lids; dab the pale cream shade on the browbone; then apply the deep bronze shade as a liner. Using a brush, sweep bronze shadow along upper and lower lashline. Finish with one coat of black mascara. **Sun-lit blusher:** Switch from your everyday rosy blusher to a sunny peach in an easy-to-blend stick formula. Two choices: Estée Lauder Day Glow Sheer Cheekcolor in Sunshine ($25) and Prescriptives Mystick Swivel Cheekcolor in Swift ($25). Blend blusher high on cheekbones, then smooth a dab above brows and on the chin and the bridge of the nose. **Brighten your smile:** Slick lips with a liquid lipcolor in a juicy mango shade. Glossy colors reflect light, giving lips a pretty pout. New: Origins Liquid Lip Color in Mango Smoothie ($11) and Christian Dior Automatic Lip Gloss in Sparkling Coral ($19.50).

A little color can help you look prettier than ever, and that'll sure put a smile on your face

berry lips

EASY ON THE EYES, KISSABLE LIPS

How to get the look: If you're color-shy, go for a bold, beautiful shade of lipstick, and keep the rest of your makeup subtle. **The soft touches for eyes:** Brush a warm coral shadow in the crease of lids, then smooth a sandy beige on the browbone. Shades: Avon True Color Powder Eyeshadow Duo in Seashell ($4.25). To brighten eyes, sweep a translucent white shadow, such as Clinique High Impact Eye Shadow in Sugar Sugar ($11.50), just under lower lashes. Finish with a coat of black mascara on upper lashes and a coat of clear mascara on lower lashes. **Fake a rosy flush:** When eye makeup is subtle and lips come on strong, balance the effect with a little sheer color on cheeks. Cream blusher is easier to blend than powder and looks the most natural, as if you've just pinched your cheeks. We like Revlon Sleek Cheeks Creme Blush Duo in Cherry Blush ($9.50). Dab the deeper red shade on apples of cheeks, then blend the lighter shade on the outer curve. No one will know you weren't born with those great high cheekbones. **Play up lips:** A moisturizing lipcolor in ripe berry flatters every skin tone. Two to try: Neutrogena LipColor in Garnet Glaze ($8.99) and Clinique Moisture Surge Lipstick SPF 15 in Berry Glaze ($12.50).

LIP TRICK:
For smear-proof color, apply lipliner, then soften the outline with a lip brush. As you brush on lipstick, blend color over the outline



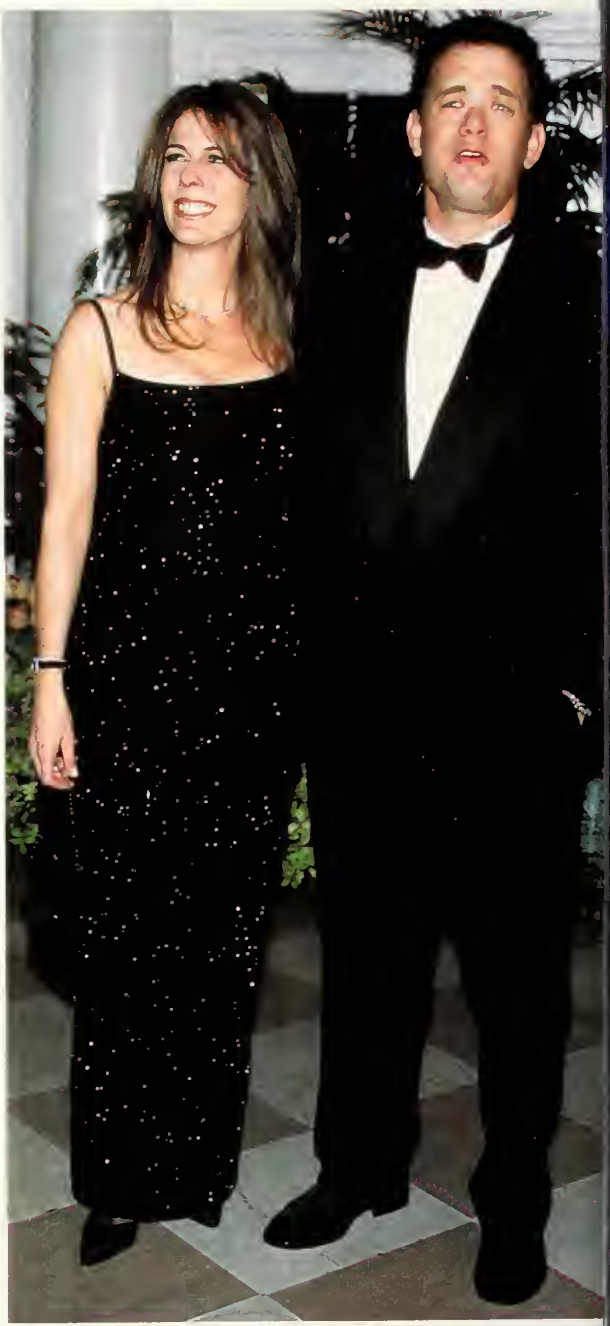
For dewy skin, smooth on a luminizing moisturizer instead of foundation. One to try: Ultimo II Glowtion No Color Skin Brightening Moisturizer ($21.50). Apply to areas where light bounces off your face—cheekbones, browbones, the bridge of your nose and chin



Why we love Tom Hanks

Move over, Brad and Mel. America's favorite leading man has what women really want

By Molly Haskell



FAMILY MAN Hanks and his wife, actress Rita Wilson, bring a touch of Hollywood to Washington in a 1998 appearance at a White House state dinner.

In *Cast Away*, the biggest risk of his career, Tom Hanks puts on a one-man show. As Chuck, the lone survivor of a plane crash marooned on a desert island, he must teach himself the basics of surviving from one day to the next and hold the audience in the process. On the face of it, the movie could be one of those boys' adventure stories that have about as much appeal to women as, say, the story of the first telephone linesmen in the wilds of Canada. Yet I found myself totally rapt. It's partly Hanks' Everyman quality: He makes you feel as if it could be you up there, figuring out how to save rainwater, build a fire and spear fish. In other words, there's nothing he-mannish about his battle against the elements.

But in *Cast Away*, what's even more essential to his appeal to women is that one of Chuck's greatest survival skills is a connection to other human beings. His love for the girlfriend he thinks is waiting for him back home (Helen Hunt) and the volleyball he christens Wilson and turns into a companion play a larger part in his endurance marathon than all the gifts of nature he bends to his use. The human totems give Chuck the will to go on; without them the rest is nothing.

Hanks has proved himself an incandescent romantic partner in movies like *Sleepless in Seattle* and *You've Got Mail*. But even in his nonlover roles—whether as a soldier (*Saving Private Ryan*) or a gay attorney (*Philadelphia*), a mentally challenged boy-man (*Forrest Gump*) or the boozy manager of a women's baseball team (*A League of Their Own*)—there is something that brings



women into his emotional orbit, his circle of charm.

Why is he so appealing? I ask a friend.

"Because . . . he's not a star," she says.

I smile. For in terms of money and prestige, he's arguably the biggest star of all time. Hanks is the only actor since Spencer Tracy to have won two Academy Awards back-to-back (for *Philadelphia* and *Forrest Gump*). And the kudos go on and on.

"But he doesn't *act* like a star," insists my friend. "There's none of that egomania, that bad-boy behavior." I know what she means: the playing around, the gossip-column scandals (Hanks has said, "I'm just not dazzling enough to be a constant source of blind items"), the arrogance, the wild indulgences and rudeness—the unseemly trademarks of celebrity as we know it today. Instead, he is gracious in public and with the press, devoted to his wife of more than a dozen years (actress Rita Wilson) and children (two sons with Wilson; a grown daughter and son with his first wife). Hanks frequently gives his family credit for his success—his emotional acceptance speech at this year's Golden Globe Awards comes to mind—yet manages to protect their privacy.

"I think you can find pleasure in your work, but the things that are truly joyful, joy-producing, well, these are all about your family and friends," Hanks said recently. "And those things, I must say, I throw myself into wholeheartedly."

He doesn't have the growling good looks of Mel Gibson or the swaggering seductiveness of Harrison Ford. Forget the tough-guy prowess of Bruce Willis or the drop-dead smile of Tom Cruise. But at the end of the day, Tom Hanks is the guy you want to come home to, sit back on the sofa and laugh with.

You'd think that in this era of low expectations, sex scandals, political skulduggery and a jaded populace unlikely to believe in the integrity of public figures, there'd be plenty of people ready to shoot Hanks down. But he is a true anomaly of our time, a nice guy who gets away with it. Possibly because he's the first to see the joke. Once, when asked how he liked his looks, he winced and replied, "It's a bitter disappointment. I have this squeaky voice, this nose that won't go away, and I don't act like Spencer Tracy."

How did this "ordinary" man emerge from the pack and soar into the realm of the extraordinary? It's safe to say no one could have predicted this career from his first outing, as one of a cross-dressing duo in the 1980-82 TV sitcom *Bosom Buddies*. Or even after the movie *Splash* (1984), in which he gained name recognition as a guy who falls in love with a mermaid. But he promptly hit a rough patch: a string of failures and the breakup of his first marriage.

In 1988, there were triumphs and failures—his first Academy Award nomination, for *Big*, then *(continued)*

Tom Hanks is the darling of the two biggest female directors in Hollywood today: Nora Ephron and Penny Marshall





HERO Hanks conquers the elements in *Cast Away* (above). Director Steven Spielberg and Hanks are honored aboard the USS *Normandy* in 1999.

(continued) the megaflop *The Bonfire of the Vanities*, after which he had to campaign—hard—to score the role of the has-been baseball coach in *A League of Their Own*, a juicy part but hardly one to burnish Hanks' image as a leading man.

It was Jonathan Demme's *Philadelphia*, in which he played a lawyer with AIDS, that won him his first Oscar. Although Hanks himself said it was a "safe" choice inasmuch as he was happily—and heterosexually—married to Rita Wilson (whom he met on the set of the film *Volunteers* in 1985), still it was an audacious move in 1993, a time when there were virtually no mainstream movies with sympathetic gay characters.

The man who could put himself into the mind of an opera-loving homosexual dying of AIDS could also feel intense sympathy for those American soldiers of World War II whose bravery had gone unrecognized by recent generations. His performance in *Saving Private Ryan*, his role as co-executive producer of this fall's 10-part HBO series on the war, *Band of Brothers* (Hanks directs one episode), and his ongoing contributions to a national war memorial are the work of a genuine patriot with none of the familiar smarmy rhetoric.

Who could have anticipated that level of tenacity from such a wildly unstable childhood? Born in Concord, California, in 1956, Tom and two of his older siblings went to live with their father—a restaurant cook—when their parents split up. As they moved from one city to another, acquiring new stepmothers and stepsiblings along the way, Tom had to enter new schools and make new friends. He has attributed his comic flair to a self-defense mechanism that enabled him to be the new guy in town over and over again. During high school, he became both an athlete and a born-again Christian, moves that eased the loneliness and brought a sense of belonging and normalcy to a self-described "confused kid." He also found a mentor in acting teacher Rawley Farnsworth, whom he thanked onstage when he won his first Academy Award.

Despite a childhood that might have produced an alienated young man in someone else, Hanks emerged with a solid sense of self. While American movies, and our culture in general, have been fixated on dysfunction and the disabling wounds of fractured families, this determined thespian, untouched by hipster cynicism, developed a love of country and an easy relationship with his fellow human beings. As a kid he was entranced by the space program and raced home from school to follow the progress of astronaut Jim Lovell, whom he would one day play in *Apollo 13*. As co-stars on that and other films would testify, Hanks managed to be a team player, joking with fellow actors and crew, calm in the midst of the chaos of making movies. It was his calmness on the set of *Splash* that struck director Ron Howard as so surprising, given that the film was a big break—hence a perilous one—for the then-unknown actor with only one TV show behind him.

From the beginning, female moviegoers were drawn to Hanks. Perhaps they were growing tired of the self-dramatizing antics of actors like Dustin Hoffman, Al Pacino and Robert De Niro. However fascinating these Method stars who histrionically "lived" their roles, all the requisite neurotic self-absorption seemed to leave no room for women. Kevin Costner at first seemed a refreshingly normal-guy presence, with that low-key gallantry so long absent from movies (he was often up for the same parts as Hanks), but a note of piety crept into his performances.

It's no accident that Hanks has been the darling of the two biggest female directors in Hollywood today: Nora Ephron and Penny Marshall. They have intuitively understood that the new turn-on, the staple of now sex appeal, is the man who can relate to children. Witness George Clooney, who came with built-in kid-empathy from his stint as a heartthrob pediatrician on *ER*. Only an actor in touch with his inner child could have played the man-child in *Big*. (Interestingly, Harrison Ford, Warren Beatty and Robert De Niro all turned down the role.)

And strikingly, in both of his films with Ephron, Hanks makes his entrance as a loving but funny parent: the widowed father of a boy in *Sleepless in Seattle*, and a surrogate parent to his pint-size "aunt" and half brother (the consequences of father and grandfather late-life progeny) in *You've Got Mail*. In his first meeting with Meg Ryan, proprietor of the children's bookstore that is destined for extinction at his own hands, Hanks quite casually displays the deft parenting skills that will touch her heart. It is surely his way with children that enables him to become her lover in spite of obstacles most would consider insurmountable.

In *Sleepless* his awkwardness about reentering the dating world (What! Girls call guys! And pay their way?) and his cluelessness about the "scene" (he's astonished that men are supposed to have cute butts) render him absolutely irresistible to women in the audience who are still given to dreams of old-fashioned love. His charmed relationship with his son—it is the boy who engineers the father's romance—clinches the seduction. The new male pinup is the guy you could take home to the kids.

If the working single mother has replaced the doll-faced virgin as the heroine of romantic comedy, then Tom Hanks is the beau ideal, the guy who understands and can deal with the new reality. Through shyness or monogamy, he hasn't slept around. He's an original—quirky, funny, a man who can make the woman (with her own modern insecurities) feel desirable while at the same time welcoming all the messy joys of family life.

Asked why he acts, Hanks has said that although power, money and influence are not unimportant, it's not for those things, which "disappoint, go away, shift. Acting requires knowledge of why you're doing it in the first place." And then, with that crinkly smile, "There is no life like it, and more fun than you can imagine."

Hanks never seems to have been hung up on the virility issue—the anxiety some male stars feel, that there's something not entirely masculine about acting, and which translates into the machismo, either overt or subliminal, we feel in their performances. Hanks himself seems disarmingly aware that his image is at odds with a long-held Hollywood template. "I'm not the same brand of movie star who made stars the icons they were," he has said. "I'm not going to foment the same brand of mystery, inaccessibility, loftiness."

Yet, for all his sturdy Boy Scout qualities, Hanks is unpredictable, with a touch of genius. What will he do next—besides, of course, shoot his follow-up to *Cast Away*, *The Road to Perdition*, due in theaters next year? For all his protestations to the contrary, the man is as beguiling, as endlessly watchable, as any of those larger-than-life icons who lit up the silver screen. And as mysterious as only a genuinely private person can be. ■

A LEAGUE OF HIS OWN (top to bottom) Hanks makes waves in *Splash*; as the gentle *Forrest Gump*, for which Hanks won an Oscar; cautious about love while *Sleepless in Seattle*; and leading the troops in *Saving Private Ryan*.









Just like Mom?

Genetics are powerful, but you aren't doomed to have the same health problems your mother has. Experts say you may be able to beat the odds

By Michele Bender

It's wonderful if you inherit your mother's warm smile, your father's knack for numbers or your grandmother's sense of humor. But you may also inherit a high risk of breast cancer or osteoporosis. The good news is that what you do now may be even more important than what may be hidden in your genes. We checked in with four pairs of women to see whether their loved ones' experiences had motivated them to change their health habits, and got advice from experts on how to beat the odds.

Beating Breast Cancer

Susan Bennett, 54, an artist, and her daughter, Beth Bennett, 26, an account-relations manager, both in Chicago.

Susan: "I was terrified when I was diagnosed with breast cancer seven years ago. Even though the cancer was in its earliest stage, I decided to have a mastectomy, after which my doctors said there would be only a 2 percent chance that the cancer would return. Fortunately, I've been in remission ever since.

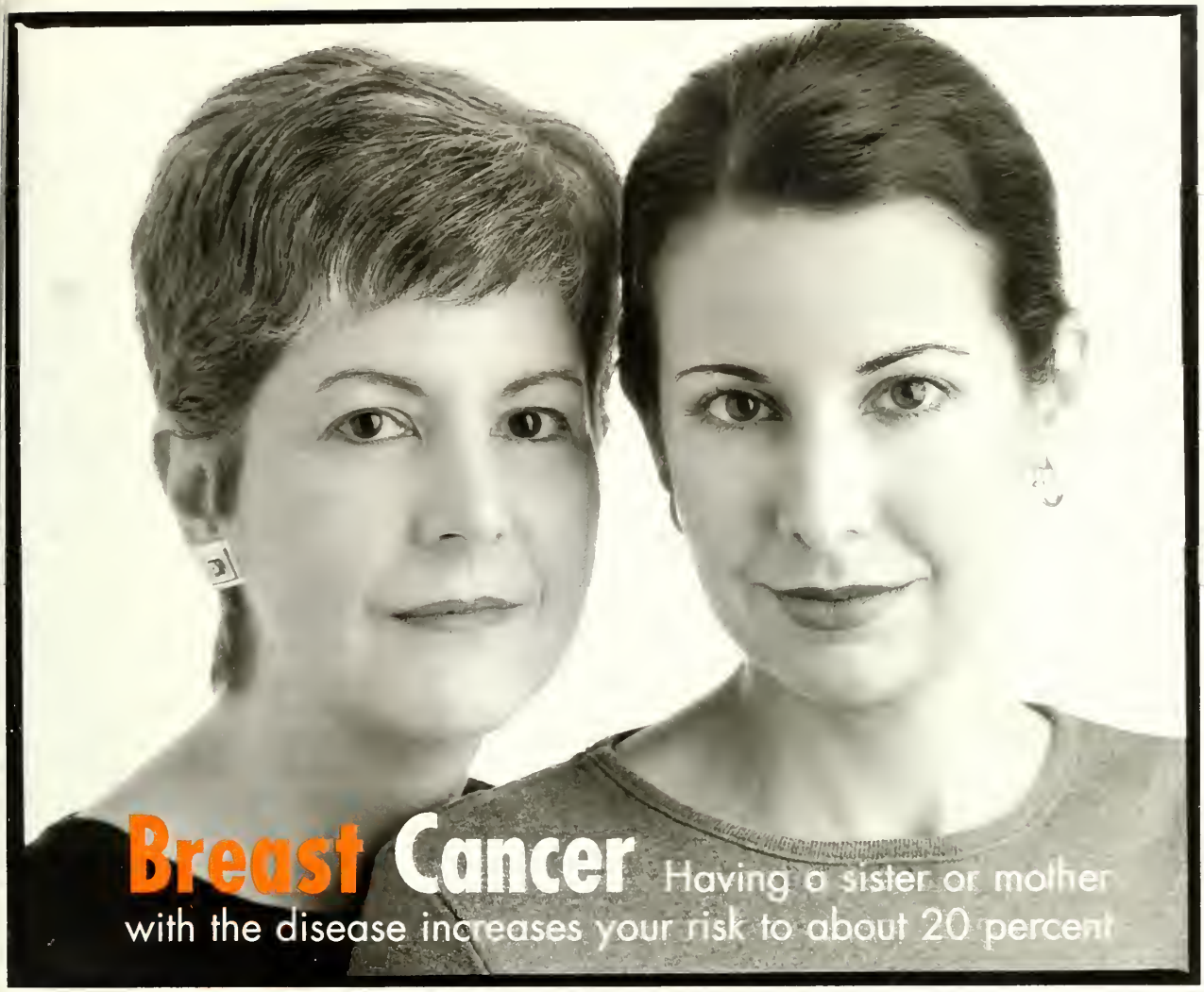
Because no one else in my family has ever had the disease, my case probably wasn't genetic, which makes me worry less about Beth and her two younger sisters getting it. After my diagnosis, I did talk to my daughters about getting regular checkups, limiting how much alcohol they drink and eating a healthy diet—precautions I started taking to protect my own health. I remind them once in a while, but I try not to bug them too much—I don't want them to live in constant fear of breast cancer. Having the disease taught me to live fully and appreciate each day, and I want my daughters to enjoy every moment, too."

Beth: "My mom had always been so healthy, so I was shocked when she was diagnosed with breast cancer. Since then, I've been on a huge health kick to try to lower my risk. I used to eat whatever I wanted, but within a year of Mom being diagnosed, I cut back on red meat and started eating more fruits and vegetables. Initially, I was exercising regularly, but then my busy work schedule and long hours made it impossible to get to the gym. I recently switched jobs and hope to get back to my old routine.

I still have a glass or two of wine every evening, but it makes me feel guilty since I've heard that drinking too much alcohol can increase your risk. And one hurdle I can't seem to get over is doing monthly breast self-exams—I'm just too scared, so I wait until I go to the doctor for my annual exam. Mom encourages me to take yoga or meditate to deal with stress, not only to help prevent breast cancer, but also because she wants me to relax and enjoy life as much as possible."

The relative risk: Like Susan's, most cases of breast cancer are not a result of genetics—of the 182,000 women diagnosed each year, only 5 to 10 percent are linked to BRCA 1 or 2, genetic mutations that cause a woman to have more than a 50 percent chance of getting the disease. A woman with no family history has about a 10 percent risk of getting breast cancer in her lifetime, but having a first-degree relative—a sister, mother or daughter—with the disease increases that risk to about 20 percent, says Alexandra S. Heerdt, M.D., F.A.C.S., a breast surgeon and director of the Special Surveillance Breast Program at Memorial Sloan-Kettering Cancer Center, in New York City. A woman's risk is also higher if her relative's cancer developed before menopause or affected both breasts.

Heerdt recommends annual breast exams by a gynecologist and monthly self-exams for all women. "Beth really needs to do them—it can be anxiety provoking at first, but she may feel more comfortable once she gets familiar with her breast tissue and makes it a habit," she says. "She also needs to exercise regularly. One study found as much as a fifty percent decrease in breast cancer in women who did so." Although drinking one glass of wine per day is considered safe, some studies show that drinking more may increase the risk of getting breast cancer by as much as 40 percent. Beth's diet is a wise move, since research suggests that a low-fat, high-fiber diet rich in fruits, vegetables and



Susan and Beth Bennett: After her mother was diagnosed with breast cancer, Beth completely re-did her diet

grains may help prevent the disease.

Beth should also start getting annual mammograms by age 38—10 years younger than her mother was when she was diagnosed, advises Heerdt. "There are no studies that link stress to breast cancer, but we can all benefit from some relaxation," she adds. "Meditation or yoga may even help Beth manage her anxiety about the disease."

Avoiding Weight Gain

Martha Fenger, 60, a social worker in St. Louis, and her daughter, Beth Fenger, 27, a Peace Corps volunteer in Guatemala.

Martha: "When I got married I weighed 106 pounds, which seemed perfect for my height of 5 feet 5 inches. Now I weigh about 150 pounds—definitely not obese, but not a weight that is the healthiest for me—and it seems to be all in my waist and hips. I'm a true pear shape, just like my grandmother. I have to admit, the extra weight bothers me because I don't feel like myself or have as much stamina. Once in a while Beth tells me to exercise more, but my job requires long hours and is often emotionally draining, so it's hard to find the time and energy. I don't eat fast food, but I have a weakness for sweets."

Beth: "I really noticed Mom's weight gain a couple of years ago, after she and my dad separated. I really want my mom to exercise and be healthier, but I know nagging her won't do any good. Occasionally, we'll take walks together when I'm home.

I work really hard to keep myself in shape. When I was in graduate school, I went from about 115 pounds to 140, which is a lot since I'm only 5 feet 2 inches tall. Although I lost the weight, I noticed that I gained it in the same places my mom does—the thighs, stomach and derriere. That was when I started asking myself, "Will I end up looking like my mom?" To make sure I don't, I stay very active. Before I came to Guatemala, I exercised about six days a week: walking and running in the gym or the park and teaching kick-boxing classes. I also weight-trained four days a week. On the weekends, I would indulge—especially on desserts—but usually I watched my diet carefully, eating a lot of protein, vegetables and fruits and drinking at least two quarts of water a day. Even now that I'm in the Peace Corps, I'm *(continued)*

(continued) constantly hiking and walking and watching what I eat. It's a big commitment, but I feel healthy and full of energy."

The relative risk: "A child's risk of being overweight as an adult is heavily influenced by whether his or her parents are overweight," says Ronald Kleinman, M.D., a nutrition expert and chief of pediatric gastroenterology and nutrition at Massachusetts General Hospital, in Boston. "If both of your parents are overweight, your risk is five to fifteen times higher than someone whose parents are normal weight. If only one parent is overweight, the risk is slightly lower." Experts also believe that where fat accumulates on your body is determined by genes. "If your mother or father is a pear shape, you have a good chance of being a pear, too," says Kleinman. "But there's no research to show that a woman is more likely to get her mother's body than her father's, and the shapes of previous generations also have a slight impact." So-called apples, people who carry weight around their upper torso, may have a higher risk than pears: Studies show that women whose waistlines are bigger than 35 inches have a higher risk of health problems, such as heart disease and diabetes.

The bottom line: Even though 70 to 80 percent of body type is controlled by your genes, the 20 to 30 percent attributed to environmental influences may be enough to help you tip the scales. "By eating well and exercising, Beth is doing the best thing she can," says Kleinman. "And if she stays lean, her pear shape will be less obvious."



Weight Gain

If your parents are overweight, you're 5 to 15 times more likely to be heavy

Martha and Beth Fenger: Beth exercises almost daily to keep off pounds

Combating Osteoporosis

Emily Caney, a high-school guidance counselor in her late 50s in Stamford, Connecticut, and her daughter, Leslie Caney Berni, 32, a magazine editor who lives in Greenwich, Connecticut.

Emily: "Last year, at a routine checkup, my doctor suggested I take a bone-density test because I was a prime candidate for osteoporosis: I'd gone through menopause, I'm small-boned and I have a family history—my mother has it. I was shocked when the test showed that I had lost significant bone mass in my hips and one inch in height.

My doctor gave me Evista, a medication that slows bone loss, and told me to eat a lot of calcium, get enough vitamin D, do weight training, walk five times a week for 45 minutes and lose a few pounds. I am getting more calcium in my diet by eating yogurt every day at lunch and drinking lots of skim milk. If I

have a choice between driving and walking, I try to walk. I also take tennis lessons in the summer.

When I found out I had osteoporosis, I didn't mention it to Leslie because I didn't think it was something she should be concerned about. Now that she knows, she's the one who is always bugging me to eat more calcium and to exercise."

Leslie: "Six months after my doctor recommended that I take calcium supplements since I rarely drink milk, I asked my mother if she was taking them. That's when she told me she had been diagnosed with severe osteoporosis. I don't know why she didn't tell me before—maybe she didn't realize that I can take action now to lower my risk later in life. Right away I started to do whatever I could to protect my bones. I take calcium pills with vitamin D and eat calcium-fortified foods, such as orange juice and cereal. I've cut down on soda and coffee, because I hear that they may suck calcium out of your bones. I've always been into exercise, but now I'm strength training twice a week and walking or running on the treadmill twice a week. And I often remind my mother that she needs to exercise more. I tell her I want her to be able to run around with my kids someday."

The relative risk: Eight million American women have osteoporosis, the bone-thinning disease that increases susceptibility to fractures of the hip, spine and wrist. A woman without a family history of the disease has a one-in-three chance of getting osteoporosis in her lifetime. "But if your mother has osteoporosis, you are almost twice as likely to develop the disease," says Felicia Cosman, M.D., clinical director of the National Osteoporosis Foundation and an osteoporosis specialist and endocrinologist at Helen Hayes Hospital, in West Haverstraw, New York. However, there are other risk factors, including any history on your father's side, smoking, excessive drinking, a low-calcium diet and being small-boned, very thin, Caucasian or Asian, postmenopausal or inactive. Drinking too many caffeinated beverages (more than about five sodas or coffees a day) can also drain your calcium stores.

"Because there are no approved medications for premenopausal women to prevent osteoporosis, a bone-density test would be of little benefit to Leslie," says Cosman. "Instead she should focus on proven prevention methods, such as getting 1,200 milligrams of calcium each day, doing weight-bearing exercise and strength training at least three times per week."

Osteoporosis

Your risk of getting this bone-thinning disease nearly doubles if your mother has it



Emily Caney and Leslie Caney Berni: Her mother's osteoporosis spurred Leslie to take calcium and to lift weights

Outsmarting Skin Cancer

Missy Kelly, 28, who is studying to be a teacher in San Diego, and her sister, Lisa Hunt, 34, an account manager in Chicago.

Missy: "I've had basal-cell carcinoma four times. The cancer, which develops in the deepest layer of the skin, first appeared as a growth behind my ear when I was 18. Since then, I've also found it on my chest, back and collarbone.

I grew up in San Diego and was in the sun constantly. We had a swimming pool and went to the beach all summer long. I don't remember *(continued on page 188)*



Good Manners— your way

Our high-tech, stressed-out society can make civility hard to come by. A guide to courtesy in the 21st century

By Deborah Pike. Illustrations by Rollin McGrail

It's the scene the movie audience has been waiting for: the high-speed car chase with the special effects. Just as it's beginning, a cell phone rings, and a guy answers it and starts arguing with his girlfriend.

You've been waiting patiently in the 10-items-or-less line at the grocery store, and you notice the person ahead of you is taking a long time to check out. No wonder—she has at least 20 things in her cart.

You've been on hold for 45 minutes with the phone company. When the customer-service representative answers your call, she gets snippy and hangs up. You call back, and the rep is unapologetic.

Unfortunately, these scenarios are all too familiar these days. Once upon a time, when there was a question of etiquette, people simply turned to Emily Post. But today, many of the old rules no longer apply, and new rules for how to deal with conveniences like cell phones and beepers, not to mention problems like stress and divorce, have yet to be written. In a CNN/*USA Today*/Gallup poll conducted last summer, 78 percent of respondents said that rude behavior has increased in recent years. And a recent Pacific Bell Wireless survey shows that 60 percent of people think it's more unpleasant to sit next to someone talking on a cell phone in a movie theater than to visit the dentist.

There are other reasons our society seems so crass. We don't know our neighbors as well as we used to, so we lack the social ties that tend to foster good manners. And despite the fact that being polite is part of the job description for the employees of coffee shops, airlines and stores, the tight labor market of recent years has meant that it's difficult to find the right people. And these workers complain—with good reason—about nasty customers.

Making the courtesy crisis even worse is that people are more stressed and angrier than ever these days. They feel they have a right to get what they want when they want it, even if it means being rude. And if you call them on their behavior, you run the risk of them lashing out at you—or worse.

To resolve some of today's most perplexing etiquette dilemmas, LHJ turned to modern etiquette experts. Here's their advice:

Most people would rather visit the dentist than listen to a cell-phone conversation in a movie theater

New Technology, New Rules

1. A man is talking loudly on his cell phone on a crowded commuter train. You're sitting across the aisle from him. What can you say?

"We wouldn't recommend being a wiseacre to anyone on a commuter train because you never know what they might do if they've had a particularly bad day," advise Lesley Carlin and Honore Ervin, also known as the Etiquette Grrls, authors of the forthcoming *Things You Need to Be Told: An Etiquette Manifesto* (Tarcher/Putnam, 2002). "You might, however, ask the man if he would mind speaking more softly. If he doesn't pipe down, you can either move to a different car or keep your fingers crossed that he ends the call, loses the signal or gets off the train soon. It's awful, but there's not a lot you can do about it."

2. A friend took you out for your birthday and gave you a lovely scarf. Can you e-mail her a thank-you note?

"A friend who has been thoughtful deserves more than just the quickest possible form of reply," say the Etiquette Grrls. "Write a real thank-you note. Putting pen to paper is the best way to show you truly appreciate her gift. You might use e-mail to thank someone for a small favor (for instance, a friend who gives you a lift to the post office while your car is being repaired)."

3. When is it okay to ask to borrow someone's cell phone?

"People always say, 'May I borrow your cell phone?' yet they rarely pay you for the call," says Sue Fox, an etiquette consultant and author of *Etiquette for Dummies* (IDG Books Worldwide, 2000). "It's inconsiderate, so don't do it—unless there's an emergency or you know the person's wireless plan permits unlimited calls for the same monthly price."

4. Is it rude to call a friend with an unimportant question on her cell phone?

"That depends on the sort of cell-phone user your friend is," say the Etiquette Grrls. "If she uses the phone only for business purposes, it's rude to make her think that her boss or another important person is trying to reach her when it's just you, wondering if you should go blond. Also, many people own cell phones only for use in emergencies or while traveling and don't wish to incur air-time charges for friendly conversations. If, however, your pal has said that she prefers to be reached on her cell, then it's okay to call with a trivial question."

5. What's the best way to cut off a never-ending e-mail conversation?

Wrap things up *(continued)*

Treadmill hogs at the gym deserve to be confronted



(continued) tactfully, suggest the Etiquette Grrls. "You could say, 'This has been an interesting exchange, but I'm afraid I have to get back to work now. Why don't we talk later in the week?' Or you can mention that you're running out to lunch. Of course, you can always stop responding once the conversation appears to be petering out."

6. How long do you have to respond to someone's e-mail?

You should get back to the person within a day—or at least acknowledge that you received the e-mail, says Mary Mitchell, also known as Ms. Demeanor, who writes a syndicated column for young adults and is an etiquette expert at iVillage.com. If the message is chatty, just say you loved the note and you'll get back soon.

Society Under Stress

1. The father of one of the boys on your child's soccer team is constantly screaming profanities on the sidelines. What do you say?

"Proceed with caution," advise the Etiquette Grrls. "The man is probably looking for a fight. You could say, 'Please, Mr. So-and-So, there are children present,' but you're probably better off having a word with the coach, who should know to have a private conversation with this man and any other obnoxious parents regarding inappropriate behavior." In addition, take an activist approach and write a letter to the head of the league expressing your concern.

2. What can you say to someone who uses the treadmill at the gym long past her time limit?

"Take a 'just-the-facts, ma'am' approach," says Jonathan C. Smith, Ph.D., director of the Roosevelt University Stress Institute, in Chicago. "You could say, 'You've been on the treadmill for the past half hour. I'm impressed with your stamina, but the sign over there says there's a twenty-minute limit during peak periods. If I could use the treadmill in the next five minutes, I'd be grateful."

3. Your child has a friend whose parents are more permissive than you are when it comes to surfing the Net and watching TV. How can you make sure your child is not exposed to things you disapprove of when he's at his friend's home without offending the parents?

Communicate honestly but diplomatically, suggests Sue Fox. "Talk to the friend's parents. Let them know you have certain rules in your home and that you're sure they do, too. You could say something like, 'I know you're vigilant, but I want to make sure the kids aren't alone when they're at the computer or watching TV.' If your concerns are communicated without insinuating that they're too permissive, they'll probably honor your request."

4. You just saw someone double-dip (take a bite out of a dip-laden chip, then dip it in the salsa again), and you're annoyed. What can you say?

Facetiousness will get you everywhere. "Sidle up to the culprit and say something like, 'Did you see that story on the news about how a bunch of people in Maryland became ill from that strange virus? Doctors think they may have contracted it by double-dipping Triscuits in crab dip at a party,'" say the Etiquette Grrls. "'Isn't that the damnedest thing?'"

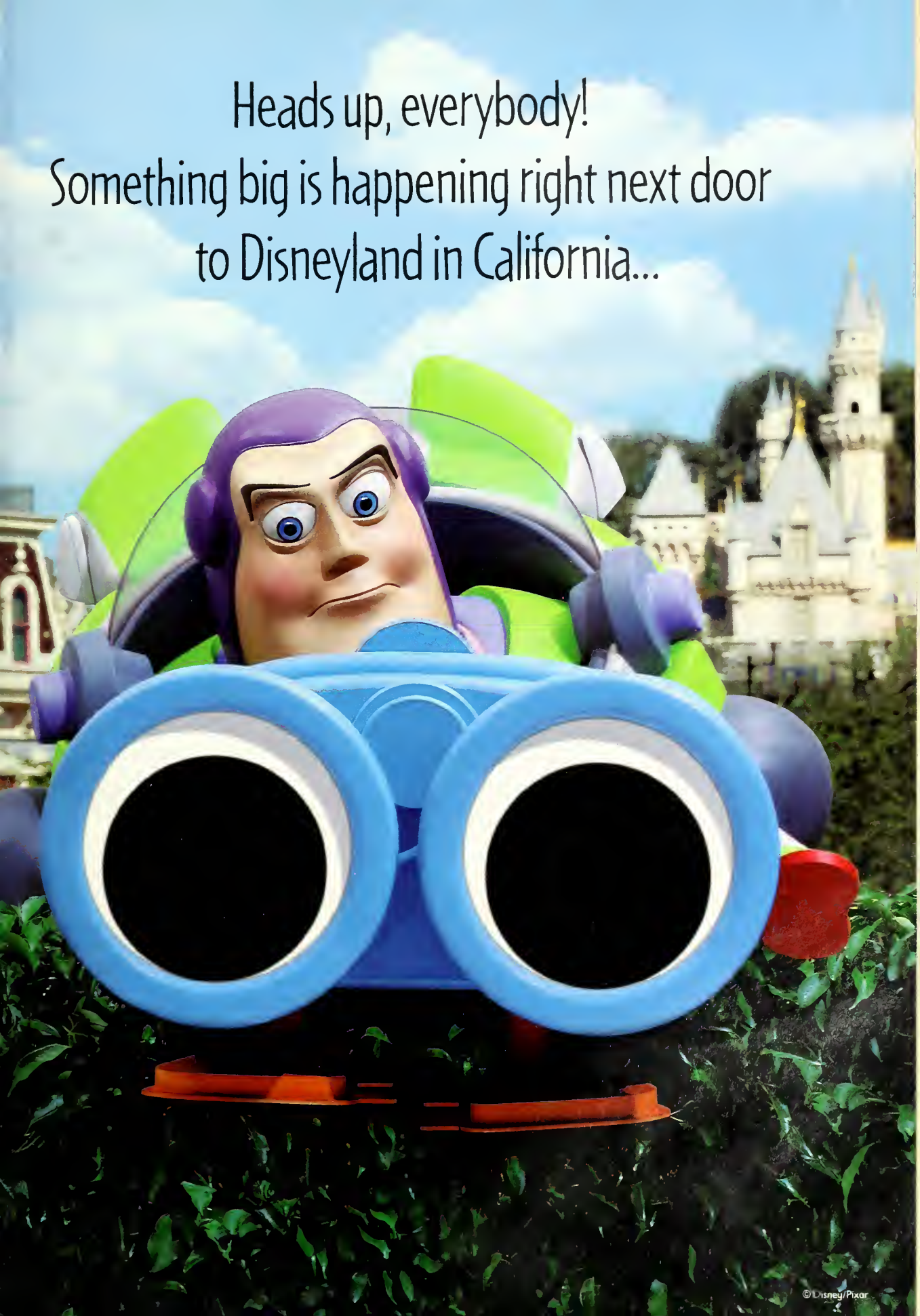
5. You're in the bathroom at work, and you overhear two people talking about you—and not very kindly. You're upset. Do you make them aware of your presence?

Yes, advise the Etiquette Grrls. "People who are stupid enough to gossip about co-workers in the bathroom without checking to see if the subject is there deserve to be mortally embarrassed." Here are two ways to handle the situation:

a.) *You're in a stall, and the gossipers are at the sinks.* After you've determined that they're talking about you and not the other Elspeth, the one in Human Resources, fling open the door and say something witty like, "And here she is! Speak of the devil!" The gossipers will no doubt be stunned, which will give you time to wash your hands before you leave the bathroom with the greatest amount of dignity you can muster.

b.) *You're at the sinks, and the gossipers are in the stalls.* As above, make absolutely certain that you're the subject of their barbs. Then, take a deep breath. Wait for the gossipers to emerge and make it obvious that you've been waiting for them. Then, look at them and cheerfully say something perfectly normal like, "Hi! How's it going?" *(continued)*

Heads up, everybody!
Something big is happening right next door
to Disneyland in California...



© Disney/Pixar

(continued) The gossipers will no doubt slink off in silence.

A Complicated World

1. You're having a party, and you've invited your recently divorced friend and her ex. The problem is, her ex has told you that he wants to bring his new girlfriend. What do you say to the ex—and to your friend?

Consider the circumstances. Was it a messy divorce? Are you having a small party where no one can get lost in the crowd? "Hopefully it's neither, or you run the risk of having artichoke dip slung across the room," say the Etiquette Grrls. "Even if the divorce was amicable, you ought to give both parties a heads-up. You might say to your friend, 'Just so you know, Penelope, I invited Holden to the party as well. I bumped into him yesterday, and he mentioned that he'd like to bring his new girlfriend. Maybe we should make sure you have a fabulous date for the party . . . what do you think?'" In the future, advise the Etiquette Grrls, don't invite a divorced couple to a party unless they're great pals.

2. A friend has recently separated, and you know someone to whom you think she'd be attracted. How do you tell her?

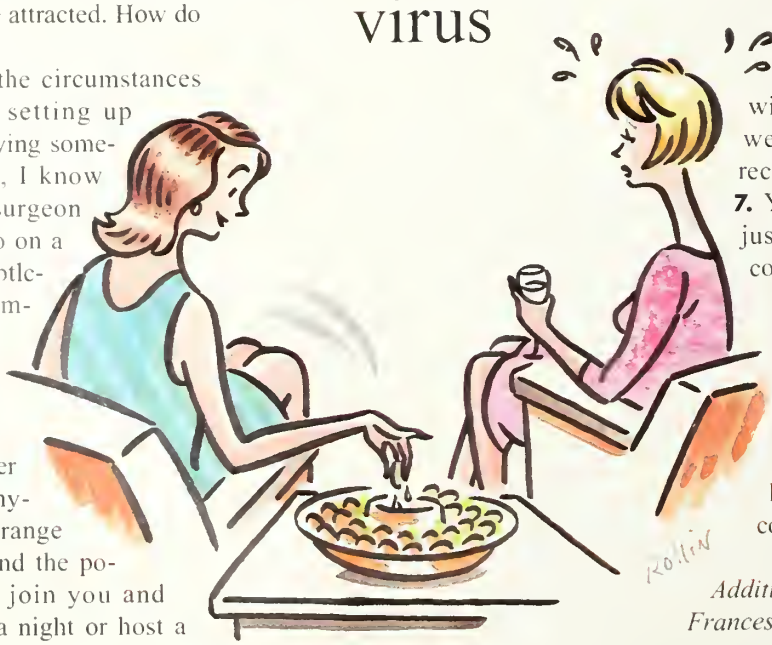
Regardless of the circumstances of the breakup, setting up your friend by saying something like, "Hey, I know this swell neurosurgeon who's dying to go on a date!" has the subtlety of a sledgehammer, say the Etiquette Grrls. "When it's so soon after a breakup, it's better not to tell her anything. Instead, arrange for your friend and the potential suitor to join you and your friends for a night or host a dinner party and see what happens."

3. An acquaintance has recently had a miscarriage. What's the right thing to say?

It depends on how you found out about it. If the woman didn't tell you directly, then don't say anything, says Mary Mitchell. If she did let you know, simply say, "I'm so sorry." Never suggest that some things work out for the best, or that you know she'll get pregnant again soon, or that maybe the timing wasn't right, advises Mitchell. Not everyone would be consoled by such words.

4. Friends know you've been trying a long time for your second child. How do you fend off specific queries?

Scare a double-dipper with tales of a strange virus



"You don't want to be rude, so try to be lighthearted," says Jean A. Neuhart, an etiquette expert for AskJeeves.com. "If someone asks about how hard you're trying, you could say, 'We're really enjoying all the practice' or 'It's giving us the chance to try all these new positions.' Alternatively, you could just change the subject."

5. You've been out of touch with a former colleague/friend for eight years, and you feel awkward about contacting her. How can you reconnect?

The best way to get back in touch with a friend you've gone AWOL on is to call her, say the Etiquette Grrls. "There's no need to go into a long explanation of your absence if you don't want to. It should be enough to say, 'Gosh, I've been thinking of you a lot lately, Alice, and I thought I'd try to track you down and see what you've been up to.'"

6. Your friend's niece was recently married. Although you were unable to attend the wedding, you would like to send a gift. You don't know whether she has taken her husband's name, and neither does your friend. How do you address the package?

Ask your friend to call the bride's mother to find out, advise the Etiquette Grrls. Otherwise, go with "John and Mary Newlywed," which is always correct socially.

7. You've heard that your boss just had a face-lift. Can you compliment her on it?

"No," say the Etiquette Grrls. "You must be as silent as the grave, even if she wears sunglasses and oddly wrapped scarves for two weeks. Many people have facial surgery for noncosmetic reasons." ■

Additional reporting by Francesca Di Meglio.

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money news

Economic Slowdown Strategies

A slawing ecanamy, profit shartfalls and negative mood left the market in a mess at the end af last year, and many investars saw lasses an their 401(k) statements far the first time in years. Is it time ta shove yaur maney back inta CDs?

Hardly. A true recessian—twa ar more cansecutive quarters af decline in the country's grass damestic praduct (GDP)—would still be a way off. In additian, "all the factars that investars laak at like layoffs, declines in carparate prafits and the bursting af the Internet bubble have already been priced inta stacks and bands," says Russ Kinnel, directar of mutual-fund analysis at Marningstar, an investment infarmatian and services campany. In ather wards, the market has already adjusted to the possibility af a recessian.



Kinnel advises investars to stick ta a few basic principles, including:

- **Think long-term.** By letting investments sit far 10 ta 15 years, yau'll weather the bumps and dips in the market.
- **Don't panic.** Selling based an ematian is always a mistake, as markets tend to be valatile.
- **Diversify.** Certain sectars respand differently ta econamic slawdawns. If yau're tech heavy, cansider shifting ta same value funds.
- **Maintain focus** on yaur averall partfalia and stick to your investment gaals.

—*Saphia Pearson*

What makes the I.R.S. flag your return?

Among the most common errors that you're sure to be called on: incorrectly calculating your capital-gains tax and overstating charitable contributions.

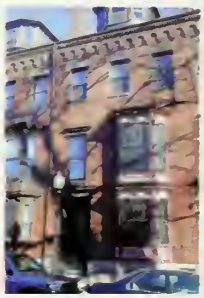
—*Smart Questions to Ask Your Financial Advisers, by Lynn Brenner (Bloomberg Press, 1999)*

The State of Real Estate

Good news for home buyers: After years of high prices, real estate is now more affordable. In fact, according to the National Association of Realtors, about half of U.S. families now earn a third more than is needed to purchase a median-priced home. Here, a survey of asking prices across the country, based on today's median square footage:



Where Minot, North Dakota
How big 2,035 sq. ft.
What you get three bedrooms, three baths and a place to practice your dunks
How much $145,900



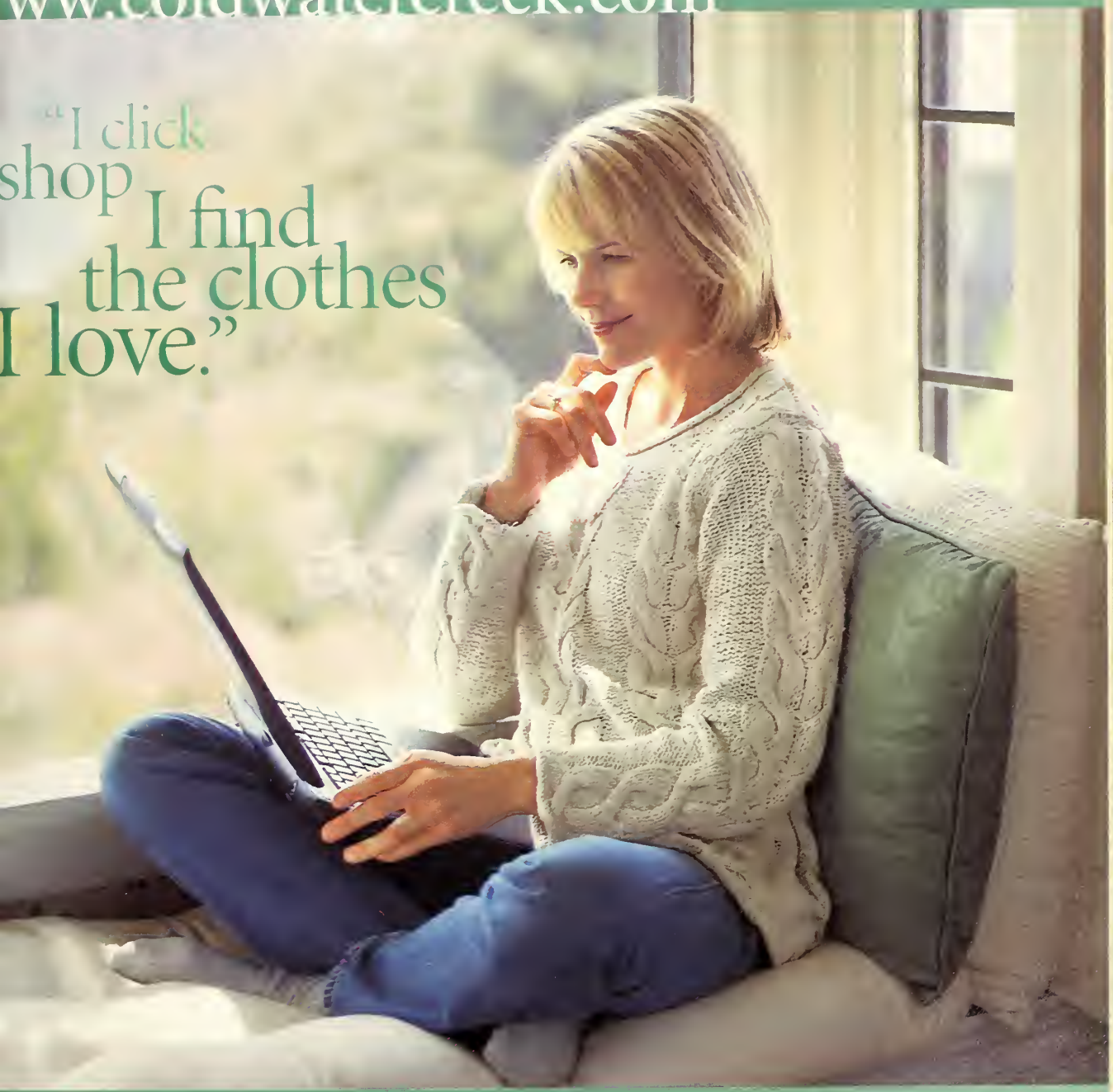
Where Bostan
How big 2,183 sq. ft.
What you get four bedrooms, two baths, but no backyard for Rover to run around
How much $775,000



Where San Diego
How big 2,169 sq. ft.
What you get four bedrooms, two and a half baths and faux-Mediterranean flair
How much $399,900

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HOW TO TELL IF A SHOE FITS RIGHT

Looking for the perfect shoe? Even Cinderella knows that the odds of finding a comfortable fit are stacked higher than four-inch stilettos. Many women have a wide forefoot and a narrow heel, and many shoes are designed with style in mind, not comfort. But you don't have to compromise fashion for fit. Here's how to keep your feet happy:

- Size your foot for both width and length using the metal measurer found in shoe stores. "People don't realize that their feet get longer and wider as they get older," says Paul Porcelli, D.P.M., of the Podiatry Center of New York, in New York City. "They'll say, 'I've been a size seven for twenty years,' but they're not a seven anymore."
- Use the size number as a guideline only. Like clothing makers, shoe manufacturers size shoes differently; one designer's 8 may be another's 7.
- The most common complaint Porcelli hears is jammed toes. Many women try to fit the shoe to the back of the foot, rather than the front, and they end up squeezing their toes into too-small shoes. "Don't sacrifice the fit in front for snugness in the back," warns Porcelli. You can always use inserts to make the heel fit more snugly, but there's nothing you can do to prevent toe jams.
- Feet tend to expand over the course of the day. A shoe that fits comfortably in the early morning may feel tight by 4 or 5 P.M. Do your shoe shopping in the late afternoon or early evening, and make sure the shoes fit with the type of hosiery you plan to wear with them.
- Spend time with the shoe before you buy. Porcelli's advice: "Leave the shoes on your feet for five minutes." Walk around the store. Stand and consider: How do your toes feel? How do your arches feel? How do your heels feel? If all systems are go, you'll be walking on air.



Three Things To Look For When Buying An Umbrella

Keep dry under spring's frequent showers with these tips from Uncle Sam's Umbrella Shop, a catalog company specializing in umbrellas and canes:

1. Secure stitching is the secret to weathering a storm. Open the umbrella above your head. If you see any pinpricks of light coming through the seams, drops of water will come through, too. Test the tension with your finger. Loose basting will burst in a downpour; taut stitching will stay watertight.

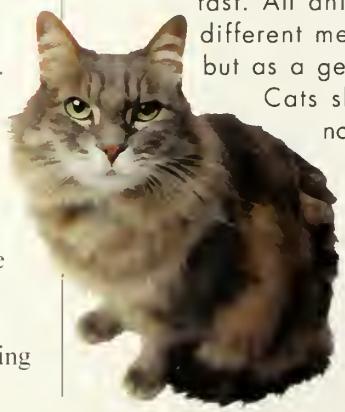
2. Look for sturdy ribs that will withstand the wind. Open the umbrella and whack the rim from the inside with your hand to simulate a strong gust. A flimsy model will invert; a well-made one will bounce right back.

3. Search for a handle made from wood or rubber to avoid the cracking that often occurs with plastic.

How to put your pet on a diet

These days, humans aren't the only ones fighting the battle of the bulge. "I see more and more overweight cats and dogs at my practice today than ever before," says Tanya Ellenbogen, D.V.M., a veterinarian in Boston and the owner of two cats, "one of whom is fatter than he should be." And the health risks for obese pets are the same as for humans: Excess weight strains the joints, and the heart and other organs. Consult your vet to figure the best serving size, the ideal weight for your pet and how long it should take to get there. Then follow these steps:

- Switch to "diet," "light" or "less active" food. Gradually mix the diet variety with the regular feed over a 10-day period, until your pet gets used to the light food.
- Feed cats and small, finicky dogs once a day. Feed large overeaters once and take the food away after 20 minutes, says Ellenbogen. "If they're hungry, they'll finish in that amount of time. If they don't, it means they've had enough."
- Up the amount of exercise you give your pet. Take your dog for a jog or buy your cat a new toy and spend time playing with him.
- Weigh the animal once a month in the presence of your vet to make sure he's not losing weight too fast. All animals have different metabolisms, but as a general rule: Cats should lose no more than 20 percent of their body weight per year; dogs no more than 30 percent.



By Catherine Fredman

Cookie crumbs.
Loose change.
Pesticide residue.



t of things end up where you may not want them. And if you use liquid flea
s, pesticide residue could be one of them. Liquid drops can rub off your pet.
ing pesticide residue on furniture and carpets.

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WITHOUT A TRACE

NOVARTIS

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"I love you, Mom!" Most teens mean it, but can't quite say it

10 things your teen won't tell you

. . . but she did tell me

Psst: I won't tell you my name, but I know *a lot* more about your teenage daughter than you do. As a former editor of a teen magazine, I read about 1,600 letters and e-mails from teen girls each month. The magazine is read by millions of girls, the bulk of them ages 12 to 18. These girls held back nothing: The magazine was their confessor, confidant and adviser. Here, what's in the hearts and on the minds of today's teenage girls:

1. I think about sex—a lot.

There's no question that sex is a topic of intense fascination for teens. But just because they're fascinated, doesn't mean they're doing it.

One of the stereotypes that still seems to be true, even in the 21st century, is that girls and women are more emotional than boys and men. So when teen girls think about sex, they often think about it in the context of their feelings. Sometimes this is problematic, because a girl can be persuaded to think that if she really loves a guy, it's okay to have sex with him, and even, on some level, required.

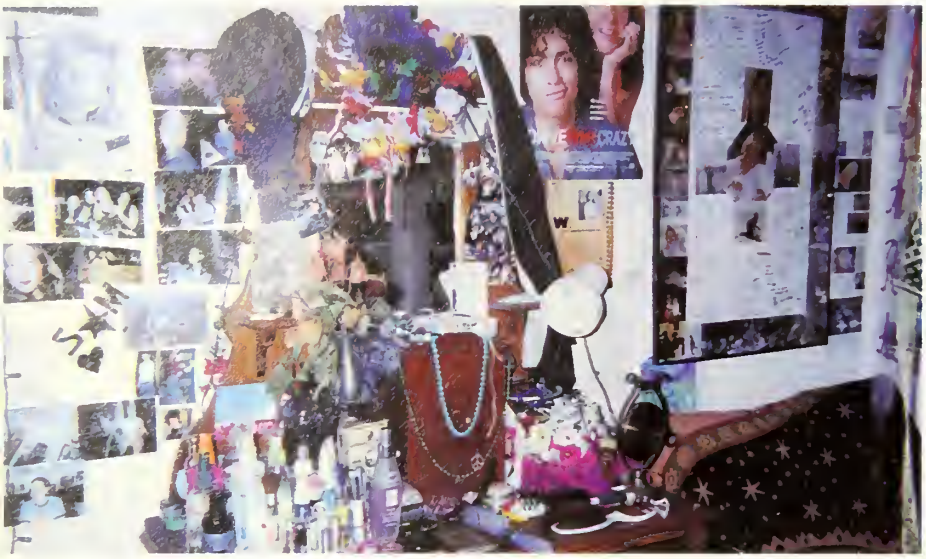
At the same time, girls' emphasis on feelings can make them cautious, because they aren't typically looking to go out and "get laid." In fact, in a survey one teen magazine did last year of 15,000 girls, a whopping 73 percent reported that they were virgins, and 49 percent of those said they were proud of it.

Given how powerful hormones are, and how much sexual imagery there is in the media, it's natural that your daughter is going to talk and read about sex. But think of it this way: She's being driven by a need to find out information—about her body, his body, the repercussions of her decisions—and studies have found that the more educated girls are about their sexual options, the less likely they are to get pregnant.

So let your daughter talk. It's a good way for her to explore her values and feelings about sex. And if she senses that you won't judge her harshly, preach ceaselessly or make light of her concerns, there's a good chance that she'll let you in on the conversation.

2. I want to be a star—or at least be with a star!

Whether it was Sinatra, Elvis, the Beatles or Michael Jackson, every generation has swooned over some idol. But the current generation of girls seems to have taken celebrity worship to new heights, or lows, depending on your point of view. Much of the mail I received was devoted to pleadings for a meeting, date or tour with the star of their dreams. There seemed to be little understanding—even among this relatively savvy and streetwise generation—that these working celebrities really can't arrange to hang out with fans. *(continued)*



Girls use their bedroom decor as a way to express what's in their hearts

(continued) Second, despite what the stars say in interviews about the backbreaking work necessary to attain their status, more and more kids seem to think that becoming a celebrity is a genuine career option.

To parents I say: Make fun of this fantasy at your own risk. You'll only be further alienated from your daughter. Instead, I recommend exposing your teen to other career tracks—starting with your own or your husband's. Show your teen the challenges, responsibilities and rewards of your work, and don't be afraid to expose the frustrations or stresses. Your daughter will appreciate being taken seriously.

3. I take your cash flow for granted.

The downside of the last decade's thriving economy is that most teens don't understand the concept of waiting to get what they want. Even if you're personally trying to hold the line, there will easily be two or three other parents in your daughter's school who already bought their teen the cutting-edge nonskip CD player, the latest designer boots or booked the entire dance club, complete with live band, for her sweet-16 party.

Your child will not be placated with tales of "When I was your age, I was thrilled to get a new pair of high-tops." She will likely feel entitled to whatever goodies are dangled in front of her by increasingly aggressive marketing tactics that have spilled out of the confines of commercials into regular TV programming (consider all the brand-waving on TV sitcoms and reality shows).

Your only recourse is to decide what's appropriate to spend on her extracurricular life, then make her earn her own money to buy goodies beyond that amount. Over the course of your daughter's lifetime, easy money will not be guaranteed, and this is a lesson that's less painful learned early than late.

4. I'm not religious, but I am spiritual.

This generation of teens may not be setting any records for church attendance, but they do, when asked, characterize themselves as believers in God and are interested in issues of faith. Even teens who didn't necessarily relate to born-again Christianity admired Cassie Bernall, one of the girls who was killed in the Columbine High School massacre, for allegedly not backing down on her religious convictions, even to save her life.

Today's teens also believe in putting their money where their mouths are. They say they are more likely to buy brands that give back in some way—by donating money to the environment or by being concerned about the animal population. And while teens certainly pick pop icons based on style and coolness, they tend to love those stars more if they stand for something, such as helping to fight cancer or building homes for the poor.

5. My bedroom is the seat of my soul.

The "Keep Out" sign on a teen's room is a cliché by now, but one that's still useful to heed. More than ever, girls use their bedroom decor as a way to express their creativity and individuality. A staple of a teen girl's room these days is at least one wall plastered with hundreds of cutout photos of favorite celebrities, as well as photos of her and her friends. But it doesn't stop there. Themed rooms (her favorite sport, her favorite season, her favorite place) or colors that match her mood at that moment are in force. Maybe it isn't your particular aesthetic to have a mural of mythical sea creatures painted all over the ceiling, but consider this: If your daughter is proud of her bedroom, she is far more likely to invite her friends over to hang out. And if you like the idea of knowing where she is, you'd better get used to photo collages and multicolored murals.

6. I worry about my looks all the time.

One of my most heartbreaking discoveries was how much time girls spend assessing their physical attractiveness—and deciding they came up short. This was the only obsession that really came close to rivaling their fascination with guys.

One of the ways I tried to help girls was to divide their concerns into attributes they could do *(continued)*

REAT THEM TO SPRINGTIME



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CRISPY MARSHMALLOW EGGS

(Makes 1 1/2 dozen)

3 tablespoons margarine or butter
1 (10-ounce) package JET-PUFFED Marshmallows
OR 1 (10 1/2-ounce) package JET-PUFFED Miniature Marshmallows
6 cups toasted rice cereal
Food coloring, optional

margarine or butter in large saucepan over low heat. Add marshmallows, stir until melted and mixture oth. Remove from heat. For colored eggs, add food coloring to desired shade
ereal, mix lightly until well coated
e immediately into 18 'eggs'. Cool completely
wave: Heat margarine or butter in large microwavable bowl at HIGH (100% power) for 45 seconds or nelted. Add marshmallows, toss to coat. Microwave 1 1/2 minutes or until melted and mixture is smooth ue as above.

MARSHMALLOW BUNNY

(Makes 2 bunnies)

5 JET-PUFFED Marshmallows
. 6-inch piece shoestring licorice, ribbon or string
10 JET-PUFFED Miniature Marshmallows
2 tablespoons canned white frosting
Assorted candies, for decorating

t 2 large marshmallows, securing with some frosting, for each bunny. Tie licorice, ribbon or string d middle of each marshmallow to separate 'head' and 'body' sections of bunny.
emaining large marshmallow into quarters lengthwise, using frosting attach 2 quarters for 'ears' to bunny head
ch 4 miniature marshmallows for bunny 'paws' and 1 for cottontail to each bunny with remaining ng. Use assorted candies to make faces. Let dry.

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2. Include $2.75 for each plate & recipe book ordered ($1.35 for plate & recipe book plus $1.40 shipping and handling) Make check or money order payable to Jet-Puffed Plate Offer
3. Fill out the form below and mail in with $2.75 for each plate & recipe book ordered

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#of plates/recipe books requested _____ $Amount Enclosed _____

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(continued) nothing about (height, for example) and those they could (weight). The problem was, the list of things girls believed they could—and should—do something about grew every day. (I ran a story about the troubling rise of plastic surgery among girls that showed that liposuction for teens was up 132 percent.)

Of course, not every girl who wrote worried that she was too fat was wrong. While teens liked reading about exercise and nutrition, too many of them were couch potatoes with dismal diets. So I tried to showcase girls who were naturally and joyously athletic, and let them do the preaching to other teens in the magazine. These girls were normally proportioned and usually had self-confidence to spare.

So, do be vigilant about this problem. When you're looking for fun family outings, break out the bicycles instead of take-out pizza and a video. And do keep telling your daughter she's beautiful to you, and will be beautiful to those who truly see her soul. These verbal embraces are necessary inoculations against the demons of self-doubt that eat at your daughter daily.

7. My friends are everything.

It would be hard to exaggerate, especially for girls, just how critical their girlfriends are in their lives. As a parent, you'll sometimes feel—if you haven't already—that you're less important to your daughter than her 12 best friends. In a certain way—take a deep breath—this is true.

What her crew offers her that you can't (and shouldn't!) is a place in the world where she is an equal, an operator, where she has a shot at controlling her destiny and identity. That's a heady feeling. With you, she will always be the kid.

A dinner out with you . . . well, later for that. Try your best not to be destroyed or enraged by this attitude, because it will pass. Your daughter may be 22 by then, but, hey, that still leaves you a good 40 years of dinners together.

8. Love hurts.

From where you sit—working, doing chores, keeping your marriage happy, helping your aging parents—teen life, with its endless pursuit of love and happiness, seems enviable indeed. But the bulk of the mail I got from girls was full of tortured questions about guys and love: what to do about being ignored, scorned or betrayed; whether there was life after crushing heartbreak; whether they really were losers in love.

So try to keep your daughter's perspective in mind when you see her on the phone or e-mailing friends for hours. Remember that obsession with love and sex is hardwired into her brain; in a very real sense, she can't help but fixate on this. If she's talking about one boy 24/7, don't tell her it's just puppy love and that she'll forget about it soon enough (don't you still remember your high-school romances?). Take her seriously, and be sensitive to the fact that she feels mystified, mortified or manhandled by the god of love.

Many teens are fascinated by spirituality, but not religion

9. The world is a scary place.

Sure, my readers enjoyed learning about the workings of the boy brain, and loved to laugh over tales of other girls' embarrassing moments. But the stories that touched them most profoundly, and inspired them to write the most thoughtful letters, were those that addressed the serious—and often scary—things that happened in their world. School shootings. Violent boyfriends. Drugs slipped into drinks at parties.

Unfortunately, I didn't have to dig hard to find these stories. Many came directly from readers. The reason it was so healing, cathartic and ultimately empowering for troubled girls to read these pieces is that they helped them to know they weren't alone, and that it *is* possible to survive tragedy. What's more, testimonials coming from other teens have a much deeper impact on a girl's psyche than a lecture delivered by Mom.

For example, one reader wrote: "I had been considering having sex, but then I read your story [about teen moms] and it made me realize I'm not ready. Thank you for stopping me from making a bad decision."

The magazine gave the girls the nuts-and-bolts information they needed to stay safe. Look closely at the serious stories your daughter is reading, and use them as a jumping-off point for a broader conversation about the issues addressed.

10. I love you, and I need you.

If you're like most parents, you're going to have to wait till about your daughter's thirtieth birthday before she can say, "I love you, Mom," out loud, without stammering and blushing. Until then, you'll endure a lot of abuse and even pain. But the fact is, girls told me over and over that they loved their parents, even while they were complaining about overly strict curfews and demands for better grades. That's important to note: You don't have to abandon discipline or your rightful place as the authority figure to earn your daughter's love.

So unless you're faced with some seriously dysfunctional family dynamic, be assured that despite all the eye-rolling and even occasional venom, your teen daughter does love you, and she wants you to love her. Just don't tell her how you know. ■

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For better or worse?

No marriage is perfect. So why do so many married people expect it to be?

By Leslie Bennetts



The damage done by divorce is severe—and long-lasting

Suddenly it's like an epidemic: Everywhere I go, people are talking about divorce.

"I'm seeing a lawyer tomorrow," declares one mother of two.

"I don't know who's going to run away from home first, me or my husband," says another.

The news got so unsettling that I started to wonder whether I'd chosen particularly restless friends, although most seemed reasonably happy until recently. So I started asking other acquaintances.

"Everyone I know is considering divorce," said the first woman I asked.

"Everyone I know is actually doing it," said the second. "Even my gynecologist."

Obviously they're exaggerating; we can all think of many people (myself included) who are happily married. But many divorce lawyers say they're overwhelmed with business these days, and discontent has suffused the air like a poison gas.

What's going on here? By relative standards, the people I know are all very fortunate, with good jobs and healthy children. They may work long hours, but they manage to maintain a comfortable lifestyle for their families. They are not struggling with major problems like addiction or domestic abuse. Their complaints are more ordinary, more manageable. So why are so many couples so dissatisfied?

When the first of my friends announced that she didn't want to be married to her husband anymore, I blurted out, "*What*? He may not be perfect, but he loves you, he's a great father, and you have a wonderful life together!"

"I just think I would be happier if I were on my own," she said grimly. She's sick of the same old battles and the same frustrations; she's sick of trying, and failing, to get him to do his share of the child rearing and domestic tasks; she's sick of giving him more emotional support than she gets in return. She's particularly sick of having all the services she provides taken for granted.

"He does what he wants and then expects me to be accommodating," says another unhappy wife. "He won't even see a marriage counselor. He says, 'This is who I am. Deal with it.'"

And many wives do, often for decades. But then an ominous number of women who have long accepted marital dissatisfaction seem to hit the wall at last.

Men our age are manifesting their restlessness somewhat differently. "In every divorce I know about, the man has left his wife for a younger woman," reports a neighbor. "It's so disgustingly clichéd."

But each time I hear about some graying father who's having an affair with a young co-worker, or a mother who thinks life would be easier without the marital conflicts that make her angry too much of the time, all I can think about is their children. Social science has now documented how deep and long-lasting the damage caused by divorce is: Judith Wallerstein's latest book, *The Unexpected Legacy of Divorce* (Hyperion, 2000), follows victims into adulthood, where their *(continued)*



S SO EXHAUSTED FROM CHEMO, I HAD TO MISS OUT ON A LOT OF THINGS.

W NOTHING KEEPS ME FROM A DAY WITH MY SON.

notherapy making you weak? You may be anemic without knowing it. Anemia is a common side effect of herapy. It means your body doesn't have enough red blood cells. This can result in symptoms like extreme ss, dizziness, or shortness of breath. However, there is an effective medicine. It's called PROCRIT® in alfa). PROCRIT is identical to a substance your body produces naturally. And it helps your body e red blood cells that can restore your energy. PROCRIT has a proven safety record. In trials, only diarrhea ema occurred more often with PROCRIT than placebo. Please see the following Prescribing Information. your doctor can prescribe PROCRIT. It's for chemotherapy patients with non-myeloid cancers. Find out ROCRIT can treat your anemia and help you get back the strength you need—*your strength for living.*

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BRIEF SUMMARY OF PRESCRIBING INFORMATION INDICATED FOR THE ANEMIA OF CHEMOTHERAPY CANCER PATIENTS TREATED WITH

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INDICATIONS AND USAGE

Treatment of Anemia in Cancer Patients on Chemotherapy

PROCRIT is indicated for the treatment of anemia in patients with non-myeloid malignancies where anemia is due to the effect of concomitantly administered chemotherapy. PROCRIT is indicated to decrease the need for transfusions in patients who will be receiving concomitant chemotherapy for a minimum of two months. PROCRIT is not indicated for the treatment of anemia in cancer patients due to other factors such as iron or folate deficiencies, hemolysis or gastrointestinal bleeding which should be managed appropriately.

CONTRAINDICATIONS

PROCRIT is contraindicated in patients with:
1) Uncontrolled hypertension.
2) Known hypersensitivity to mammalian cell-derived products.
3) Known hypersensitivity to Albumin (Human).

WARNINGS

The multidose preserved formulation contains benzyl alcohol. Benzyl alcohol has been reported to be associated with an increased incidence of neurological and other complications in premature infants which are sometimes fatal.

PRECAUTIONS

General: The parenteral administration of any biologic product should be attended by appropriate precautions in case allergic or other untoward reactions occur (see "Contraindications"). While transient rashes have occasionally been observed concurrently with PROCRIT therapy, no serious allergic or anaphylactic reactions have been reported. The safety and efficacy of PROCRIT therapy have not been established in patients with a known history of a seizure disorder or underlying hematologic disease (e.g., sickle cell anemia, myelodysplastic syndromes, or hypercoagulable disorders).

In some female patients, menses have resumed following PROCRIT therapy; the possibility of potential pregnancy should be discussed and the need for contraception evaluated.

Hematology: Exacerbation of porphyria has been observed rarely in PROCRIT-treated patients with CRF. However, PROCRIT has not caused increased urinary excretion of porphyrin metabolites in normal volunteers, even in the presence of a rapid erythropoietic response. Nevertheless, PROCRIT should be used with caution in patients with known porphyria.

In pre-clinical studies in dogs and rats, but not in monkeys, PROCRIT therapy was associated with subclinical bone marrow fibrosis. Therefore, cancer patients should have hematocrit measured once a week until hematocrit has been stabilized, and measured periodically thereafter.

Delayed or Diminished Response: If the patient fails to respond or to maintain a response, the following etiologies should be considered and evaluated:
1) Iron deficiency: functional iron deficiency may develop with normal ferritin levels but low transferrin saturation (less than 20%), presumably due to the inability to mobilize iron stores rapidly enough to support increased erythropoiesis. Virtually all patients will eventually require supplemental iron therapy.
2) Underlying infectious, inflammatory, or malignant processes.
3) Occult blood loss.
4) Underlying hematologic diseases (e.g., thalassemia, refractory anemia, or other myelodysplastic disorders).
5) Vitamin deficiencies: folic acid or vitamin B12.
6) Hemolysis.
7) Aluminum intoxication.
8) Osteitis fibrosa cystica.

Iron Evaluation: Prior to and during PROCRIT therapy, the patient's iron stores, including transferrin saturation (serum iron divided by iron binding capacity) and serum ferritin, should be evaluated. Transferrin saturation should be at least 20%, and ferritin should be at least 100 ng/mL. Supplemental iron may be required to increase and maintain transferrin saturation to levels that will adequately support PROCRIT-stimulated erythropoiesis.

Drug Interactions: No evidence of interaction of PROCRIT with other drugs was observed in the course of clinical trials.

Carcinogenesis, Mutagenesis, and Impairment of Fertility: Carcinogenic potential of PROCRIT has not been evaluated. PROCRIT does not induce bacterial gene mutation (Ames Test), chromosomal aberrations in mammalian cells, micronuclei in mice, or gene mutation at the HGPRT focus. In male and female rats treated intravenously with PROCRIT there was a trend for slightly increased fetal wastage at doses of 100 and 500 units/kg.

Pregnancy Category C: PROCRIT has been shown to have adverse effects in rats when given in doses five times the human dose. There are no adequate and well-controlled studies in pregnant women. PROCRIT should be used during pregnancy only if potential benefit justifies the potential risk to the fetus.

In studies in female rats, there were decreases in body weight gain, delays in appearance of abdominal hair, delayed eyelid opening, delayed ossification, and decreases in the number of caudal vertebrae in the F1 fetuses of the 500 units/kg group. In female rats treated intravenously, there was a trend for slightly increased fetal wastage at doses of 100 and 500 units/kg. PROCRIT has not shown any adverse effect at doses as high as 500 units/kg in pregnant rabbits (from day 6 to 18 of gestation).

Nursing Mothers: Postnatal observations of the live offspring (F1 generation) of female rats treated with PROCRIT during gestation and lactation revealed no effect of PROCRIT at doses of up to 500 units/kg. There were, however, decreases in body weight gain, delays in appearance of abdominal hair, eyelid opening, and decreases in the number of caudal vertebrae in the F1 fetuses of the 500 units/kg group. There were no PROCRIT-related effects on the F2 generation fetuses.

It is not known whether PROCRIT is excreted in human milk. Because many drugs are excreted in human milk, caution should be exercised when PROCRIT is administered to a nursing woman.

Pediatric Use: The safety and effectiveness of PROCRIT in children have not been established.

Cancer Patients on Chemotherapy

Hypertension: Hypertension, associated with a significant increase in hematocrit, has been noted rarely in PROCRIT-treated cancer patients. Nevertheless, blood pressure in PROCRIT-treated patients should be monitored carefully, particularly in patients with an underlying history of hypertension or cardiovascular disease.

Seizures: In double-blind placebo-controlled trials, 3.2% (N=2/63) of PROCRIT-treated patients and 2.9% (N=2/68) of placebo-treated patients had seizures. Seizures in 1.6% (N=1/63) PROCRIT-treated patients occurred in the context of a significant increase in blood pressure and hematocrit from baseline values. However, both PROCRIT-treated patients also had underlying CNS pathology which may have been related to seizure activity.

Thrombotic Events: In double-blind placebo-controlled trials, 3.2% (N=2/63) of PROCRIT-treated patients and 11.8% (N=8/68) of placebo-treated patients had thrombotic events (e.g., pulmonary embolism, cerebrovascular accident).

Growth Factor Potential

PROCRIT is a growth factor that primarily stimulates red cell production. However, the possibility that PROCRIT® (Epoetin alfa) can act as a growth factor for any tumor type, particularly myeloid malignancies, cannot be excluded.

ADVERSE REACTIONS

Cancer Patients on Chemotherapy

Adverse experiences reported in clinical trials with PROCRIT in cancer patients were consistent with the underlying disease state. In double-blind, placebo-controlled studies of up to three months duration involving 131 cancer patients on chemotherapy, adverse events with an incidence > 10% in either PROCRIT-treated or placebo-treated patients were as indicated at right:

Percent of Patients Reporting Event

Event (N=68)	PROCRIT-Treated Patients (N=63)	Placebo-Treated Patients
Pyrexia	29%	19%
Diarrhea	21%	7%
Nausea	17%	32%
Vomiting	17%	15%
Edema	17%	1%
Asthenia	13%	16%
Fatigue	13%	15%
Shortness of Breath	13%	9%
Paresthesia	11%	6%
Upper Respiratory Infection	11%	4%
Dizziness	5%	12%
Trunk Pain	3%	16%

[a] p = 0.041 [b] p = 0.069 [c] p = 0.0016 [d] p = 0.017

Although some statistically significant differences between PROCRIT and placebo-treated patients were noted, the overall safety profile of PROCRIT appeared to be consistent with the disease process of advanced cancer. During double blind and subsequent open label therapy in which patients (N=72 for total PROCRIT exposure) were treated for up to 32 weeks with doses as high as 927 units/kg, the adverse experience profile of PROCRIT was consistent with the progression of advanced cancer.

Based on comparable survival data, and on the percentage of PROCRIT and placebo-treated patients who discontinued therapy due to death, disease progression or adverse experiences (22% and 13%, respectively; p = 0.25), the clinical outcome in PROCRIT and placebo-treated patients appeared to be similar. Available data from animal tumor models and measurement of proliferation of solid tumor cells from clinical biopsy specimens in response to PROCRIT suggest that PROCRIT does not potentiate tumor growth. Nevertheless, as a growth factor, the possibility that PROCRIT may potentiate growth of some tumors, particularly myeloid tumors, cannot be excluded. A randomized controlled Phase IV study is currently ongoing to further evaluate this issue.

The mean peripheral white blood cell count was unchanged following PROCRIT therapy compared to the corresponding value in placebo-treated patients.

OVERDOSAGE

The maximum amount of PROCRIT that can be safely administered in single or multiple doses has not been determined. Doses of up to 1,500 units/kg T.I.W. for three to four weeks have been administered without any direct toxic effects of PROCRIT itself.

Therapy with PROCRIT can result in polycythemia if the hematocrit is not carefully monitored and the dose appropriately adjusted. If the target range is exceeded, PROCRIT may be temporarily withheld until the hematocrit returns to the target range; PROCRIT therapy may then be resumed using a lower dose (see "Dosage and Administration"). If polycythemia is of concern, phlebotomy may be indicated to decrease the hematocrit.

DOSAGE AND ADMINISTRATION

Cancer Patients on Chemotherapy

Baseline endogenous serum erythropoietin levels varied among patients in these trials with approximately 75 percent (N=83/110) having endogenous serum erythropoietin levels < 132 mU/mL, and approximately 4 percent (N=4/110) of patients having baseline endogenous serum erythropoietin levels > 500 mU/mL. In general, patients with lower baseline serum erythropoietin levels responded more vigorously to PROCRIT than patients with higher erythropoietin levels. Although no specific serum erythropoietin level can be stipulated above which patients would be unlikely to respond to PROCRIT therapy, treatment of patients with grossly elevated serum erythropoietin levels (e.g., > 200 mU/mL) is not recommended. The hematocrit should be monitored on a weekly basis in patients receiving PROCRIT therapy until hematocrit becomes stable.

Starting Dose: The recommended starting dose of PROCRIT is 150 units/kg subcutaneously T.I.W.

Dose Adjustment: If the response is not satisfactory in terms of reducing transfusion requirements or increasing hematocrit after 8 weeks of therapy, the dose of PROCRIT can be increased up to 300 units/kg. If patients have not responded satisfactorily to a PROCRIT dose of 300 units/kg T.I.W., it is unlikely that they will respond to higher doses of PROCRIT. If the hematocrit exceeds 40%, the dose of PROCRIT should be reduced until the hematocrit falls to 36%. The dose of PROCRIT should be reduced by 25% when treatment is resumed and titrated to maintain the desired hematocrit. If the initial dose of PROCRIT includes a weekly rapid hematocrit response (e.g., an increase of more than 4 percentage points in any 2-week period), the dose of PROCRIT should be reduced.

PREPARATION AND ADMINISTRATION OF PROCRIT

1. DO NOT SHAKE. Shaking may denature the glycoprotein, rendering it biologically inactive.
2. Parenteral drug products should be inspected visually for particulate matter and discoloration prior to administration. Do not use any vials exhibiting particulate matter or discoloration.
3. Using aseptic techniques, attach a sterile needle to a sterile syringe. Remove the top from the vial containing PROCRIT, wipe the septum with a disinfectant, insert the needle into the vial, and withdraw into the syringe an appropriate volume of solution.
4. **Single-dose** vial: 1 mL vial contains no preservative. Use one dose per vial. Do not re-enter vial. Discard unused portion.

   Single-dose, Preservative-Free Vial: 2 mL (40,000 Units/mL). Each 1 mL of solution contains 40,000 Units of Epoetin alfa, 2.5 mg Albumin (Human), 1.165 mg sodium phosphate monobasic monohydrate, 1.766 mg sodium phosphate dibasic anhydrate, 0.696 mg sodium citrate, 5.844 mg sodium chloride, and 6.8 mcg of citric acid in Water for Injection, USP (pH 6.9). This formulation contains no preservative.

   Multidose 2 mL vial contains preservative. Store at 2° to 8°C after initial entry. Discard between doses. Discard 21 days after initial entry.
5. Do not administer in conjunction with other drug solutions.

HOW SUPPLIED

PROCRIT is available in vials containing 3,000, 4,000 or 10,000 units of Epoetin alfa in 1.0 mL of a sterile, preservative-free solution.

Each dosage form is supplied in the following packages:

Cartons containing six (6) single-use vials:
- 2,000 Units/mL (NDC 59676-302-[illegible])
- 3,000 Units/mL (NDC 59676-303-[illegible])
- 4,000 Units/mL (NDC 59676-304-[illegible])
- 10,000 Units/mL (NDC 59676-310-[illegible])

Cartons containing four (4) single-use vials:
- 40,000 Units/mL (NDC 59676-340-[illegible]) (Orange)

Trays containing twenty-five (25) single-use vials:
- 2,000 Units/mL (NDC 59676-302-[illegible])
- 3,000 Units/mL (NDC 59676-303-[illegible])
- 4,000 Units/mL (NDC 59676-304-[illegible])
- 10,000 Units/mL (NDC 59676-310-[illegible])

2 mL **Multidose, Preserved** Solution

Cartons containing six (6) **multidose** vials:
- 40,000 Units/mL (NDC 59676-312-[illegible]) (Blue)

STORAGE

Store at 2° to 8° C (36° to 46° F). Do not freeze or shake.

PROCRIT®
EPOETIN ALFA

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U.S. License No.
Thousand Oaks,
California 91320-

Distributed by: **Ortho Biotech In**
Raritan, New Jers
08869-0670

: relations are still impaired by
otional trauma inflicted during
rents' long-ago divorces.
oo many of us seem to deny
vious when we rip our chil-
ives apart. A friend's husband
with another woman when
n was eight. For the next year
d threw up every morning be-
ing to school and sobbed every
asking when Daddy would
ack. But whenever Daddy was
about his son, he said blithely,
e's doing fine!" Years have
, and the boy still fantasizes
is father dying in a plane crash.
ther remains oblivious to his
age and grief.

rely, I never thought it would
o this. We baby boomers fa-
enjoyed the most protracted
ence in American social histo-
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vild oats before we finally set-
own. For years I believed that
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owledge than those of the hap-
ies generation who preceded us
en precipitated the divorce ex-
n of the seventies), would be
r for it.

ems to me that they still could
nly we would stick it out. Yes,
areness of our own mortality is
its chill. Many men suspect



Lee song, "Is That All There Is?"

The superheated economy of recent years has also helped to fuel our greed. Affluence always spawns a sense of entitlement that trickles down to every socioeconomic bracket. No matter what you have in life, the message you get from our culture is that you should have more: more stuff, more toys, more money, more sex. And at the same time, divorce has been destigmatized to such an extent that people no longer seem embarrassed by their failures. "He isn't even ashamed!" marvels one woman about a mutual friend who has just walked out on his wife and three children.

Every marriage has its dark days, and during the bad times it's easy to succumb to the grass-is-greener fantasy that exchanging your life for a shiny, new one will solve all your problems. And yet research has found that the great majority of people who are unhappily married will get happier over time, if they don't give up.

That requires real commitment, however, and I am stunned at the readiness with which many of my peers are tearing apart the families they labored so long to build. "What about 'for better or for worse'?" I protested to one friend who says he's just waiting until his kids go to college before trading in his wife as if she were a used car. "Didn't that mean anything? We said, 'Till death do us part.' We didn't say, 'Until I don't feel like it anymore!'"

But that's apparently what a lot of us really meant. ■

expect our marriages to be ppier than our parents'. And they uld be, if only we'd stick it out

idlife male infidelity is rooted
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hat sounds like that old Peggy

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They gotta have it

Kids today are obsessed with the things money can buy. But is their preoccupation with possessions skewing their values? What's a parent to do? By Carol Lynn Mithers

Cate Adams, 41, a mother of 8-year-old twins in Salt Lake City and part-time teacher at a parochial high school, still recalls her shock the day she gave her 10th-grade class a writing assignment. "Think of Jesus' dream of the kingdom of heaven on earth," she urged them. "Think of Martin Luther King's dream that one day people would be judged not by the color of their skin, but by the content of their character. Now write down what you dream of." The papers stunned her. Eight of 10 students offered the same blunt reply: "I want to make a lot of money."

Through the '90s, America's hot stock market and unprecedented economic expansion created a staggering accumulation of wealth. According to the U.S. Census Bureau, between 1989 and 1999, the number of U.S. households with a net worth of $1 million or more quadrupled. This boom, and the buying frenzy it produced, was roundly celebrated—yet it came with a dark side.

Even before signs of a slowdown began to loom last December, social critics were declaring a nationwide epidemic of "affluenza"—an unhealthy obsession with wealth, possessions, getting and spending—whose victims included not only the newly rich, but also their children. Showered with material goods, these kids were growing up with the expectation that the giving would never stop and the belief that money buys happiness. What was never examined, however, was whether affluenza had spread to children whose families are not rich. Despite all the hype, these families still comprise the majority: Only 12 percent of American households earn over $100,000 a year.

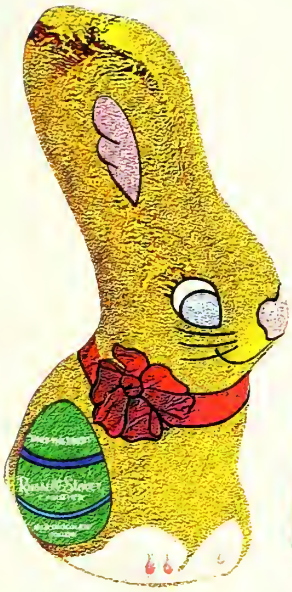
Today, as economic predictions are revised ever downward, the question becomes even more crucial. Did years of exposure to conspicuous consumption change middle-class kids' values? Talking to parents and experts across the country, it becomes clear that the answer is a troubling "yes."

Material girls—and boys

Kids have always believed in the philosophy of "gimme." By all accounts, however, the demands of those raised in the era of affluence are way over the top. In a recent Merck Family Fund research poll of over 800 families, more than 80 percent of parents complained that their kids were too focused on buying. "My seven- and nine-year-old daughters have begun to literally yell out, '*I want that!*' whenever they watch TV," says Ann Shannon, 39, a single parent from Ipswich, Massachusetts. "At first, I thought it was funny. It's not anymore. Last year, I cut back my work hours so I could spend more time with my kids. I explained the situation, and told them we can't just go out and buy toys all the time. *(continued)*



Hoppy





Hoppier



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Among adolescents, having a lot of high-ticket toys bestows status—and attracts friends

(continued) But they see what other kids have, and ask, 'Why won't you buy us these things? Everyone else has this or that—why don't we?'"

Another factor that sets this generation apart is that they don't just want things, they want expensive things—$60 video games, $100 scooters, $300 PlayStations. Moreover, there's disturbing evidence that even the very young feel that their place in the world depends on whether they have them. "Last year, I was at a play date with my then-five-year-old son, and he came out of his friend's room carrying a bag of toys," recalls 45-year-old Laurie Thom, a grant writer and mother of two in Terrebonne, Oregon, who describes herself as middle class. "He said, 'Look at all the stuff my friend gave me, because we're so poor.' I said, 'What do you mean?' And he answered, 'Well, I don't have a TV, VCR and Nintendo in my room, so we must be poor.'"

For adolescents, the connection between expensive goods and popularity and status is even stronger. Kids have been demanding $100-plus athletic shoes for some time, but today, many want whole wardrobes of equally pricey items. "I'm astonished by how many kids I see wearing a certain brand of designer clothes," says Fran Gorka, 41, a substitute high-school teacher and mother of four from Albany, New York. "The shirts and pants have identifying tags in front, so wearing them is clearly about making a statement: 'I can afford forty-six-dollar pants. I have money.'" And by high school, buying and spending—on cars, watches and clothes—is the very essence of "cool."

Even among the very lowest-income groups "a fundamental part of identity and self-worth is connected to your ability to act as though you're wealthy," says Betsy Taylor, executive director of the Center for a New American Dream, a Maryland-based nonprofit that helps people consume wisely, which has conducted focus groups with young people from a variety of socioeconomic backgrounds. "Having money is the path to gaining respect, even to getting friends and dates."

Kids' material desires have had an astonishing effect on household expenditures. By some estimates, those 12 and under influenced a whopping $248.7 billion of their parents' spending last year. Meanwhile, parents are saving less for their kids' college education. In late 2000, the personal-savings rate hit a new postwar low.

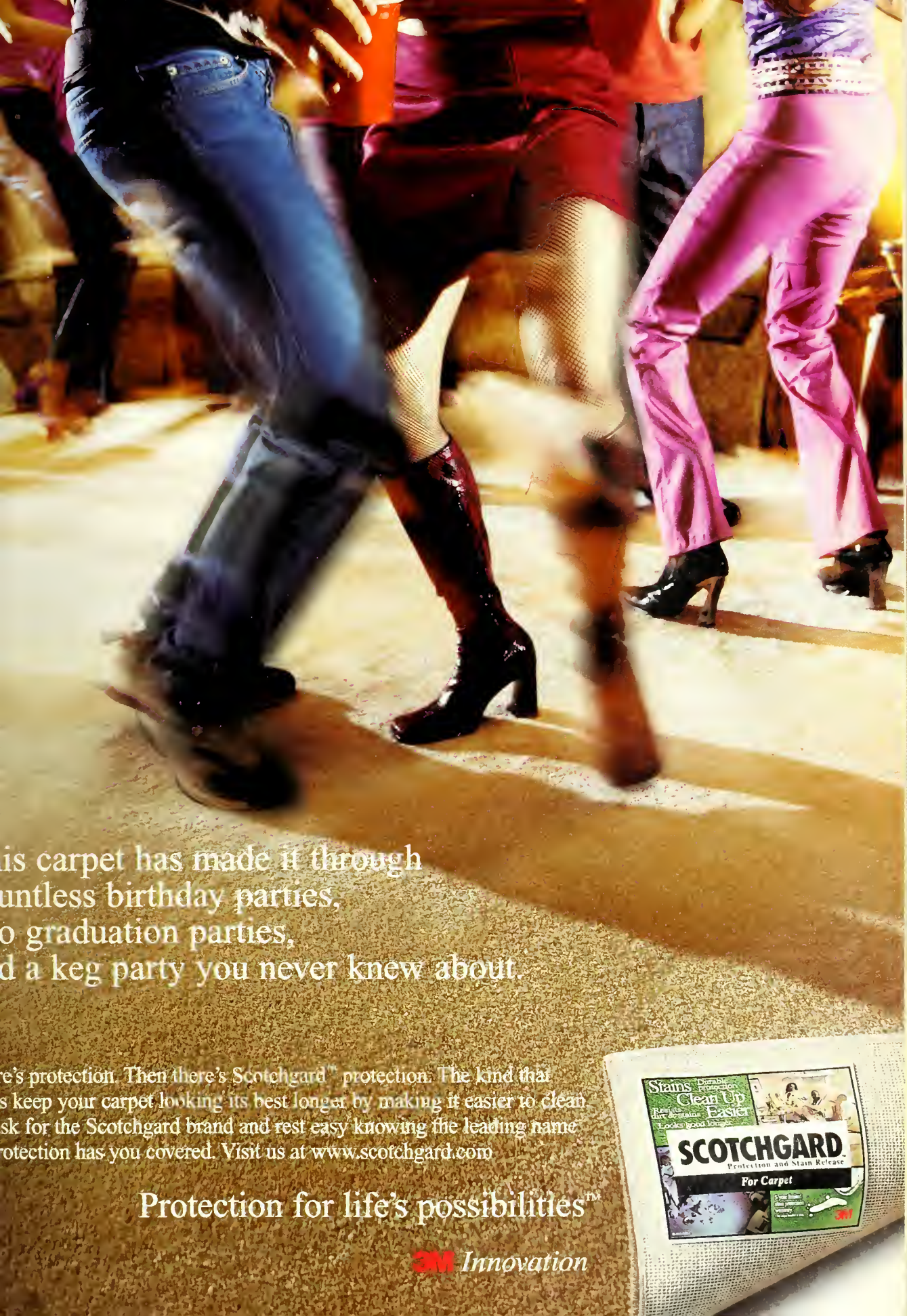
Lifestyles of the rich and famous

Why do so many kids think rich is cool? In large part, because they're bombarded every day with messages telling them that it is. TV shows feature characters who live in chic big-city apartments and well-decorated suburban homes. Ads encourage buying. And billionaire businessmen have been portrayed as our newest heroes, their photos routinely gracing magazine covers, alongside those of more traditional celebrities, who now make news for their stratospheric salaries and careless spending habits.

Kids also take cues from the adults around them. Our own desire to keep up with the Joneses is a powerful one. Parents see what others give their children, and "become determined to give it to their own," says Diane Ehrensaft, Ph.D., a developmental and clinical psychologist in Oakland and author of *Spoiling Childhood* (Guilford Publications, 1997). "Part of that desire comes from the belief that we're entitled to what others have. Part is the fear that our children won't love us if we say no."

And part comes from guilt. "Society constantly tells parents that we're responsible for all our kids' problems," adds Ehrensaft, "so we feel that whatever we're doing isn't enough. And most of us who work feel we never have enough time to give our children. We want to make it up to them, and one easy way to do that is to shower them with gifts."

"We don't live in an affluent community, but recently, my son went to a birthday party where the 'goody' bags were *(continued)*


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o graduation parties,
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Continued from page 158

stuffed with candy, yo-yos and over half a dozen plastic action figures and cars," adds Laurie Thom. "Providing them for twenty kids must have cost three hundred dollars. And the party was held in a rented space, not a private home. It's like you can't just have a birthday party anymore, you have to have an event."

When middle-class isn't enough

Although it's not yet clear if the desire for wealth has had widespread effect on kids' plans for the future, it does seem that those who dream of money haven't any real idea of what it takes to get it. "Some of the kids who tell me 'I want to get rich' aren't the best students," says Cate Adams. "Sometimes I probe. I ask, 'Don't you think doing well in school is part of this? Don't you think you'd better work harder?' But they don't make the connection."

What is apparent is that middle-class affluenza has left many kids with feelings of deprivation. "I certainly don't consider myself impoverished," says Pamela Burley, 46, a stay-at-h mother of four from Lake Ste Washington. "We have a house have a car, even if it's old. My ki ways wear decent clothing. Bu fact that we can't afford brand n can make my twelve-year-old dau upset, even angry. 'Why doesn't make more money?' she asks. ' has God chosen us to be poor?' "

"My son has a good number o terial possessions and a very com able life," anguishes a mother 13-year-old from Chicago. "B compares himself to the wealthy and considers everything he second-rate. If his watch loses tim thinks that if I'd bought him on cost more, it would have worked ter. The running theme of his li that he never has access to 'the be

Affluenza sometimes causes to judge their parents harshl think my nonaffluent students k their parents are good, hardwo people," says Cate Adams. "The respect them. But because their ents don't have money, I don't the kids *(continued on page*

FIGHTING BACK

Make your own values clear. "Show your children what matters to you," says Betsy Taylor, director of the Center for o New-American Dreom. "Show them that when you moke a purchose, it's becouse something has volue for you, not because you wont to show off." And, she odds, don't be ofroid to talk obout money. "If you con't buy something becouse you can't afford it, be honest."

Limit TV time. "Wotching commercials," soys Susan E. Linn, Ed.D., a psychologist ot Harvard Medicol School, "gives children the folse message thot possessions moke us hoppy. When your children do see TV ods, help them identify the message in the them."

Enjoy nonmaterial pleasures. "Do things thot hove olways brought fomilies joy—shoring hobbies, ploying sports, comping," says Betsy Toylor. "Shore activities that engoge your minds and spirits, but don't cost o dime."

"Decommercialize" rituals. Don't feel compelled to throw expensive birthdoy parties, suggests Horvord professor Juliet Schor, in *The Overspent Americon* (HorperCollins, 1999). Moke family agreements to reduce the number of presents given ot Christmas ond other holidoys.

Give kids an allowance, and help them budget. A 1999 survey of a thousond 9- to 14-year-old readers of the children's magazine *Zillions* found thot kids who got allowances were obout twice os likely to sove as those who didn't. There's no "right" omount to give, but "the gool isn't to cover everything o child might wont," says Dione Ehrensoft, Ph.D., a clinical ond developmentol psychologist. "The message should be 'Y can use your own mo to buy some things, b others are expensive unaffordoble.' "

Don't use material g to show your childre you love them. "Exp to wealth con creote longing," says Koren Bohlin, Ed.D., directo the Center for the Advoncement of Ethic Culture. "But whot co leost partly inoculote children ogainst envy deep conviction thot they're loved for who are. When you osk o obout their most treos childhood memories, rarely mention the gif they received. They t about learning to mo lown with Dad or the dessert Grondmo olw made. Unconditionol from caring adults is children reolly hunge


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What the Movie Studios Don't Want You to Know



Violence is being marketed to kids

Saying no when your kids clamor to see violent PG-13 movies isn't easy, and the movie studios are only making it harder. In fact, of the 20 PG-13–rated films studied recently by the Federal Trade Commission (FTC), nine were specifically marketed to kids under 11. Among the ways studios are promoting their PG-13 movies—which the report states can contain violence classified as "graphic," "pervasive" or "shocking":

• **Advertising during kids' TV shows.** Seven of the nine films were advertised during cartoon programs, on Nickelodeon and on the Cartoon Network, whose typical viewers range in age from 2 to 11.

• **Marketing toys, clothing and fast-food items to coincide with the film's release.** In one case, movie-related merchandise sold at toy stores was created to appeal to boys as young as 4. In others, promotional toys were placed in kids' meals at fast-food restaurants.

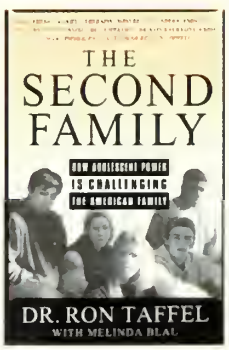
• **Establishing official Web sites.** Often referenced in ads and linked to online hangouts frequented by 'tweens, these sites usually include the film's trailer (an extended advertisement used to create interest).

What's a parent to do? For one thing, explain to your kids that the toys might be made for them but the movie might not be, says Nell Minow, a mother of two who created www.moviemom.com, an online film guide. Bottom line: "You as a parent need to stick to your guns."

—Christina Sciammacco

Take five According to a recent LHJ online poll, most moms felt that age 5 was old enough for a child to: perform chores (56 percent), get pierced ears (34 percent), earn an allowance (32 percent) and open a bank account (28 percent).

(FAMILY) TIES THAT BIND



While the term "generation gap" is at least four decades old, the parent/teenager divide has never been greater. So argues child and family therapist Ron Taffel, Ph.D., in his new book, *The Second Family: How Adolescent Power Is Challenging the American Family* (St. Martin's, 2001). He blames busy, distracted parents for the drift—Taffel says too many take a laissez-faire attitude at home and fail to set concrete rules. As a result, teens turn to their peers and pop culture (their "second family") far ideas about how to behave—a prescription for trouble.

To bridge the gap, says Taffel, parents have to "pay the right kind of attention to their kids." While this involves enforcing stricter rules, it also means taking an active interest in the things that matter to your teens, whether it's the music they adore or getting to know their friends and making them feel welcome in your home. Says Taffel: "Kids will open up to an adult who is really there for them."

—Francesca Di Meglio

Changing Praise

While there's nothing wrong with encouragement, many experts think constant, automatic praise can be harmful to children. Instead, it's better to acknowledge specific achievements. Here's what to say the next time your child . . .

Eats all the vegetables on her plate:

OLD	NEW
"I love it when you eat your broccoli."	"You ate all that broccoli."

Behaves appropriately in the supermarket:

OLD	NEW
"You're acting like such a big girl."	"I'm having a fun time shopping with you."

Swings "high" on the swing set:

OLD	NEW
"Great job!"	"Wow! That is high."

Source: Richard Ryan, Ph.D., professor of psychology at the University of Rochester, in New York

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Indulge in the chocolate cookie that's more chocolate than cookie.



Prep: 15 minutes

Baker's® One Bowl Death By Chocolate Cookie

Bake: 12 minutes

2 pkg. (16 squares) BAKER'S Semi-Sweet Baking Chocolate, divided
¾ cup firmly packed brown sugar
¼ cup butter or margarine
2 eggs
1 tsp. vanilla
½ cup flour
¼ tsp. CALUMET® Baking Powder
2 cups chopped nuts (optional)

·**HEAT** oven to 350° F. Coarsely chop 8 squares (1 pkg.) of the chocolate; set aside. ·**MICROWAVE** remaining 8 squares chocolate in large microwavable bowl on HIGH 1–2 minutes. Stir until chocolate is melted and smooth. Stir in sugar, butter, eggs and vanilla. Stir in flour and baking powder. Stir in reserved chopped chocolate and nuts. Drop by ¼ cupfuls onto ungreased cookie sheet. ·**BAKE** 12 to 13 minutes or until cookies are puffed and feel set to the touch. Cool on cookie sheet 1 minute. Transfer to wire rack to cool completely. Makes about 1½ dozen cookies.



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Food

You asked for it!



The catch of the day at Arnaud's, in New Orleans, is tasty Trout Amandine with lemon butter sauce

. . and we got it: Your favorite recipes from restaurants across the country. Now you can cook up specialties of the house right in your own kitchen

Dear LHJ,

Arnaud's, in New Orleans, serves the most delicious fish dish I've ever tasted. Could you get the recipe?

—Yvonne West
Boynton Beach, Florida

TROUT AMANDINE
ARNAUD'S, NEW ORLEANS

This buttery combination of trout and sliced almonds has been a Big Easy favorite for generations.

Prep time: 10 minutes
Cooking time: 4 to 6 minutes per batch

6 trout fillets with skin (4 to 6 oz. each)
1½ cups all-purpose flour
12 tablespoons butter, divided (no substitutes)
1 tablespoon fresh lemon juice
1½ cups sliced almonds, toasted
6 lemon wedges

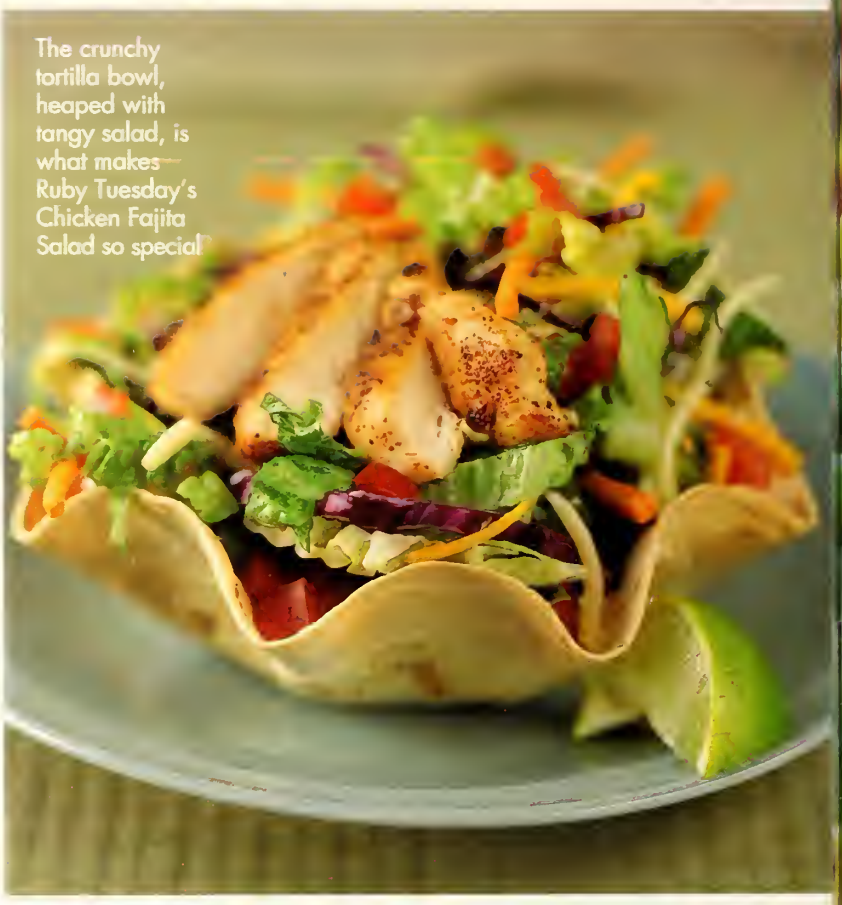
1. Heat oven to 250°F. Dip each fillet in flour, shaking off excess. Melt 3 tablespoons butter in a 12-inch nonstick skillet over medium-high heat until bubbly. Add 3 fillets, skin side down, and cook until golden brown and skin is crisp, 2 to 3 minutes. Turn and cook 2 to 3 minutes more, until golden brown. Transfer fillets to a platter; keep warm in oven.
2. Wipe out skillet. Melt 3 tablespoons butter in skillet and repeat cooking remaining fillets.
3. Meanwhile, melt remaining 6 tablespoons butter in a small saucepan over medium heat. Stir in lemon juice. Spoon almonds then butter sauce over each fillet. Serve with lemon wedges. Makes 6 servings.

Per serving: 600 calories, 41 g total fat, 14.5 g saturated fat, 134 mg cholesterol, 272 mg sodium, 22 g carbohydrates, 37 g protein, 141 mg calcium, 2 g fiber

Dear LHJ,

My sister and I loved Ruby Tuesday's Chicken Fajita Salad. Can you get the recipe for preparing the tortilla bowl and chicken?

—A. Mehring
Canon City, Colorado



The crunchy tortilla bowl, heaped with tangy salad, is what makes Ruby Tuesday's Chicken Fajita Salad so special.

CHICKEN FAJITA SALAD
RUBY TUESDAY, PUEBLO, CO

Flour tortillas are baked until crisp, then filled with a mega-size combo of Cajun-spiced chicken, lettuce, shredded cheeses and tomato.

Prep time: 30 minutes
Cooking time: 20 to 24 minutes

4 burrito-size (12-inch) tortillas
4 boneless, skinless chicken-breast halves (5 to 6 oz. each)
4 teaspoons Cajun seasoning
1 tablespoon vegetable oil
1 pound iceberg lettuce, cut into 1-inch slices (8 packed cups)
6 ounces romaine lettuce, cut into 1-inch slices (4 packed cups)
1 cup coarsely shredded carrots
¼ cup sliced red cabbage
½ cup coarsely shredded Monterey Jack cheese
½ cup coarsely shredded Cheddar cheese
½ cup prepared ranch salad dressing
2 cups diced tomato



Use a tortilla mold, then bake until crisp (see page 168)

1. Heat oven to 375°F. Grease 2 Tortilla/Taco Shell Molds* or medium ovenproof bowls. Press tortilla into each pan, making sure the tortilla follows the shape of the pan. Bake 10 to 12 minutes, until golden. Let cool in pans 5 minutes. Carefully remove tortilla shells and cool on wire rack. Repeat with remaining 2 tortillas. *(continued)*

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CAMPBELL'S® GREEN BEAN CASSEROLE

Prep Time: 10 Min. Cook Time: 30 Min. Serves 6.

- 1 can (10 3/4 oz.) Campbell's® Cream of Mushroom **or** 98% Fat Free Cream of Mushroom Soup
- 1/2 cup milk
- 1 tsp. soy sauce
- Dash pepper
- 4 cups cooked cut green beans
- 1 1/3 cups French's® French Fried Onions

MIX soup, milk, soy, pepper, beans and **2/3 cup** onions in 1 1/2-qt. casserole.

BAKE at 350°F. for 25 min. or until hot.

STIR Sprinkle with remaining onions. Bake 5 min.



Turn holiday leftovers into easy, delicious meals with Campbell's® soups. For lots of ideas, visit **www.campbellsoup.com**

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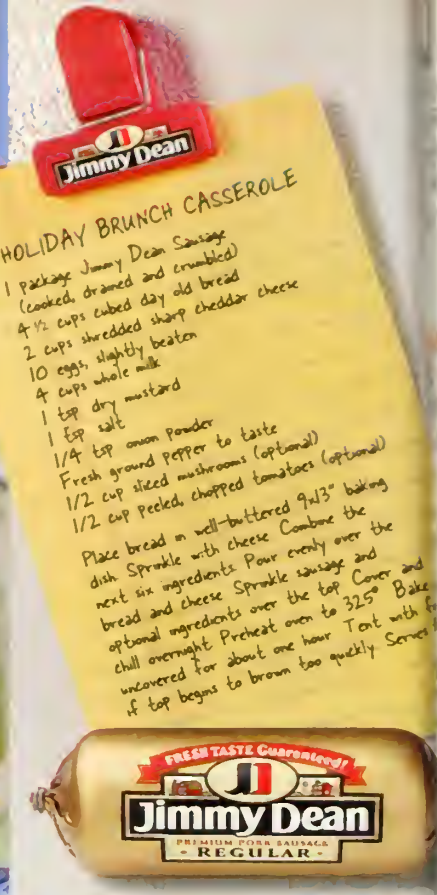
The fresh taste of Jimmy Dean Sausage makes breakfast so delicious... your family will want to stay at the table just a little bit longer.

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YOU ASKED FOR IT

Continued

2. Meanwhile, sprinkle chicken with Cajun seasoning. Heat oil in a large skillet over medium-high heat. Add chicken and cook 7 minutes per side, until cooked through.

3. Toss the lettuces, carrots and cabbage in a large bowl. Toss cheeses in another bowl. Fill each tortilla shell with 3 cups packed lettuce mixture, top with 2 tablespoons dressing, ¼ cup cheese, ½ cup tomatoes and 1 chicken breast, sliced. Pass remaining dressing. Makes 4 servings.

Per serving: 800 calories, 38.5 g total fat, 10 g saturated fat, 128 mg cholesterol, 1,829 mg sodium, 60 g carbohydrates, 54 g protein, 434 mg calcium, 6 g fiber

**For perfectly shaped baked tortilla shells, we used Tortilla Taco Shell Molds. The molds are nonstick Silverstone coating and are dishwasher safe. A set of two 8-inch shells are available for $26.95. Additional sets can be purchased for $18. By special arrangement with Chicago Metallic. To order, call 800-763-6393.*



sband recently had lunch at the
azzi Restaurant, in Westbury,
ork, and he's absolutely raved
e Penne Arrabbiata ever since.
you please get this recipe for me?
—Audrey Kemp
Mahwah, New Jersey

E: ARRABBIATA
RAZZI RESTAURANT,
BURY, NY

earty tomato sauce with white
basil, garlic and red pepper
can be tossed with any medium-
d pasta like ziti or rigatoni.

ime: 15 minutes
ng time: 34 to 35 minutes

lium garlic cloves, divided
espaans olive oil, divided
espoons tomata paste
(28 oz.) whole tomatoes in juice,
pped
leaf
lespaon fresh parsley, chapped
lespaon fresh basil, chapped
aspoon red pepper flakes
p white wine
spoan salt
und penne, cooked according to
ckage directians
ly grated Parmesan cheese,
pped fresh parsley and basil

hop 1 garlic clove. Heat 1 table-
n oil in a 3-quart saucepan over
ium heat. Add chopped garlic and
k 30 seconds. Add tomato paste
cook, stirring, 2 minutes. Add
atoes in juice and bay leaf; simmer
minutes.

Meanwhile, thinly slice remaining
rlic cloves. Heat 1 tablespoon oil
12-inch skillet over medium heat.
l garlic and cook until just begin-
to turn pale golden, 30 seconds.
d parsley, basil and red pepper
es; cook 30 seconds. Add wine and
30 seconds. Stir into tomato sauce
salt; simmer 4 to 5 minutes.

oss sauce with hot pasta in a large
ing bowl. Drizzle pasta with re-
ning 1 tablespoon oil. Serve with
ese and garnish with parsley and
l. Makes 4 servings.

erving: 575 calories, 13 g total fat, 2 g saturated
mg cholesterol, 980 mg sodium, 96 g carbohy-
, 17 g protein, 86 mg calcium, 5 g fiber

Dear EHS,

The Kool Beanz Café, in Tallahassee, Florida, serves desserts that are addictive: I'm still craving their New Orleans cheesecake! —Teresa Glunn
Crawfordville, Florida

NEW ORLEANS CHEESECAKE
KOOL BEANZ CAFÉ, TALLAHASSEE, FL

If you're serious about dessert, make time to bake this deliciously smooth praline-bourbon cheesecake.

Prep time: 30 minutes plus chilling
Baking time: 1 hour 30 to 40 minutes

Crust:
2 cups pecans, finely chopped
2 tablespaans packed brawn sugar
4 tablespaans butter, melted

Filling:
4 packages (8 oz. each) cream cheese, softened
2 cups firmly packed brown sugar
½ cup carnstarch
½ cup bourbon
1 teaspoon vanilla extract
4 large eggs, at raam temperature

Topping:
8 aunces semisweet chocolate squares
½ cup half-and-half cream *(continued)*



Put some hippity-hop in your lemon squares.



...ove the ...rtring ...ch in Kretschmer Wheat Germ ...hase zest ...emon ...utes. TIP: Add a ...oon of nutty ...t all yo... baking by replacing ...ut ½ cup ...of flour with Kretschmer Wheat Germ.
an excellent source of vitamin E and folic acid.

Luscious Lemon Squares

Crust
... cup all-purpose flour
3/4 cup Kretschmer Wheat Germ, any flavor
1/2 cup powdered sugar
1/3 cup (5 tablespoons plus 1 teaspoon) margarine, softened

Filling
2 cups granulated sugar
1/4 cup all-purpose flour
... teaspoon baking powder
4 eggs
1/2 cup fresh lemon juice
1-3/4 teaspoons grated lemon pee...
Powdered sugar

Heat oven to 350 F. Lightly spray bottom of 13x9-inch baking pan with non-stick cooking spray. Combine crust ingredients in large bowl. Mix on low speed or electric mixer until well blended. (Mixture will be crumbly.) Firmly press crumbs onto bottom of pan. Bake 15 minutes. For filling, combine sugar, flour and baking powder in large bow... Add eggs; beat well. Gently stir in lemon juice and pee... Carefully pour over hot crust. Bake 25 to 30 minutes or until edges are light golden brown and filling is set. Co... completely on wire rack. Sprinkle with powdered suga... Cut into ... squares. ...0 squares

Available in the cereal aisle
For more recipes, visit www.kretschmer.com





CRACKS BE GONE

Baking cheesecake in a hot water bath yields the creamiest filling and reduces the risk of cracking. The reason? The hot water provides a gentle and even distribution of heat. Cover the outside of the springform pan with heavy-duty foil to prevent leaking. Place the springform pan in a roasting pan. Then pour hot water into the roasting pan until it reaches at least 1 inch up the side of the springform pan, taking care not to pour any water into the batter.



New Orleans Cheesecake, from Florida's Kool Beanz Café, is slathered with rich chocolate topping

(continued)

1. *Make crust:* Heat oven to 350°F. Wrap the outside of a 9-inch springform pan with foil. Combine all ingredients in the pan until well mixed; press into bottom.

2. *Make filling:* Beat cream cheese in a mixer bowl at high speed, until smooth. Scrape side of bowl with a rubber spatula. Beat in sugar and cornstarch until light and fluffy. At low speed, add bourbon and vanilla. Add eggs, one at a time, beating until mixture is smooth. Pour filling into pan. Place springform pan in a roasting pan (make sure there is at least 1 inch between the edges of the pans). Add enough hot water to come halfway up side of springform pan.

3. Bake 1 hour 30 to 40 minutes, until sides of cheesecake are firm and center is just set. Remove pan from water bath; transfer to wire rack and cool completely.

4. *Make topping:* Meanwhile, combine chocolate and cream in a medium saucepan. Cook, stirring, over medium-low heat, until chocolate is melted and smooth. Remove from heat; cool to room temperature. Spread topping over cheesecake. Refrigerate until set. Remove springform ring. Makes 16 servings.

Per serving: 535 calories, 38 g total fat, 18.5 g saturated fat, 126 mg cholesterol, 229 mg sodium, 46 g carbohydrates, 8 g protein, 95 mg calcium, 2 g fiber

(continued)

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(continued)

Dear LHJ,

My husband and I had a delicious dessert at Pedro's Mexican Restaurante, in Wisconsin Dells, Wisconsin. It was a Snickers bar inside a deep-fried burrito, served with ice cream. Can you help me get this recipe? —Norene Rosso
Stroudsburg, Pennsylvania

SNICKERS CHIMICHANGA
PEDRO'S MEXICAN RESTAURANTE, INC., WISCONSIN DELLS, WI

It takes only four ingredients to make this dessert: Just brush the burritos with butter and bake till crisp for an easy as 1-2-3 treat.

Prep time: 10 minutes plus chilling
Baking time: 20 minutes

7 Snickers candy bars (2 oz. each)
4 burrito-size (12- inch) tortillas
2 tablespoons butter, melted
Vanilla ice cream
Whipped cream, chocolate sauce and maraschino cherries (optional)

1. Cut 6 Snickers bars crosswise into 4 equal pieces. Arrange 6 pieces in the center of each tortilla. Fold up burrito style; seal ends with a toothpick. Transfer to a cookie sheet. Brush all sides of each burrito with the melted butter, then cover each with plastic wrap. Refrigerate 1 hour.



Splurge with a dish of gooey-delicious Snickers Chimichanga



That's Amore's Chicken San Remese gets great flavor from pantry-handy ingredients

2. Heat oven to 400°F. Uncover and bake burritos until golden brown and crisp, 20 minutes.
3. Chop remaining Snickers bar. Serve with ice cream, whipped cream, chocolate sauce, cherries and chopped candy. Makes 4 servings.

Per serving (without ice cream, whipped cream, chocolate sauce, cherries and chopped Snickers bar): 780 calories, 35.5 g total fat, 13 g saturated fat, 28 mg cholesterol, 699 mg sodium, 103 g carbohydrates, 15 g protein, 193 mg calcium, 5 g fiber

Dear LHJ,

My husband and I just love the Chicken San Remese at That's Amore, in Rockville, Maryland. Can you get the recipe? —Becky Bond
Damascus, Maryland

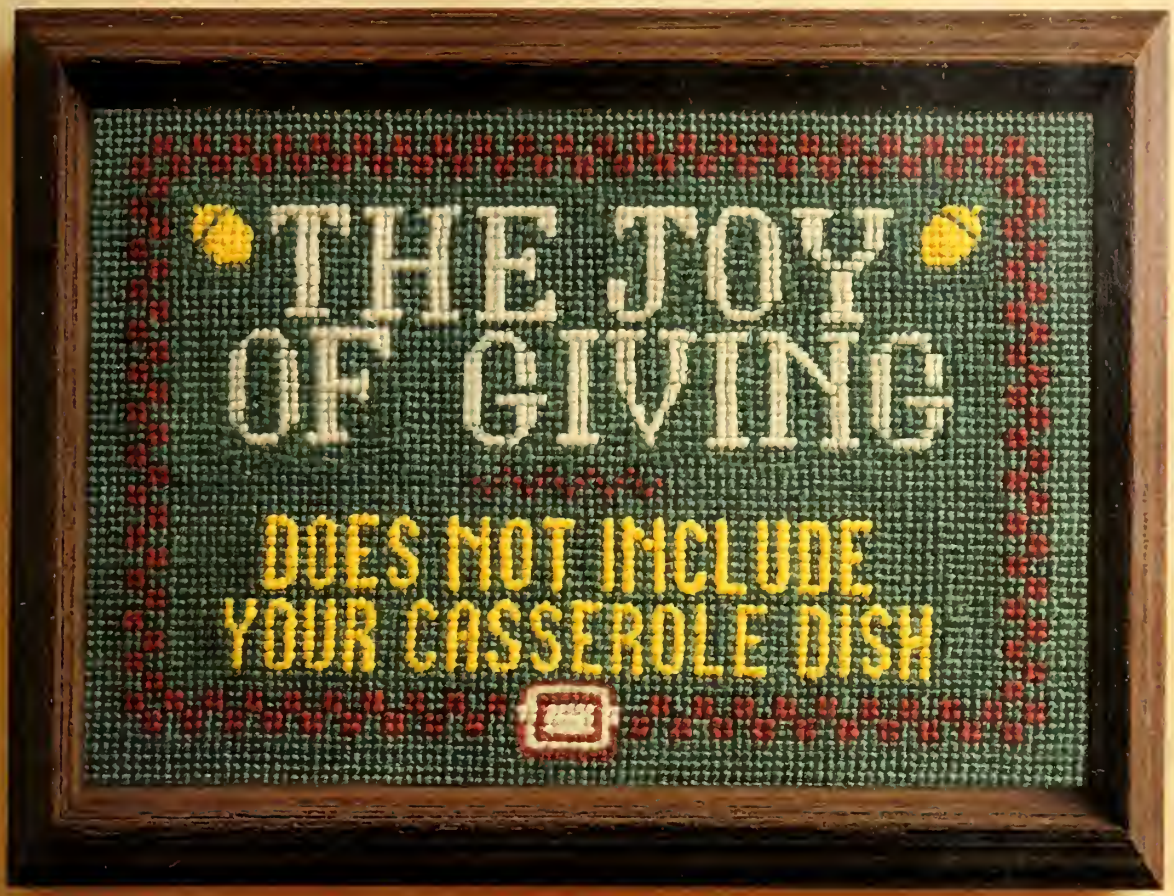
CHICKEN SAN REMESE
THAT'S AMORE, ROCKVILLE, MD

This skillet dinner is perfect for company: Bottled marinara sauce, frozen artichoke hearts, bagged fres spinach and cheese tortellini mak prep time fast.

Prep time: 15 minutes
Cooking time: 23 minutes

4 boneless, skinless chicken-breast halves (4 oz. each)
½ teaspoon salt
¼ teaspoon freshly ground pepper
2 tablespoons flour
1 tablespoon butter or margarine
½ cup (2 oz.) diced pancetta
½ cup diced onion
1 bag (10 oz.) fresh spinach
½ pound sliced mushrooms
3 tablespoons Marsala wine or sherry
1 cup heavy or whipping cream
3 tablespoons prepared marinara sauce
1 package (9 oz.) frozen artichoke hearts, thawed
½ pound prepared cheese tortellini, cooked according to package directions

(continued





You enjoy sharing your lasagna with the Little League. You do *not* enjoy trying to get the dish back. That's why there's new Reynolds® Pot Lux™ Disposable Cookware. They're handsome and sturdy, so you'll be proud to give them. They come in different sizes and go anywhere, from freezer to oven.

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Reynolds It's the way that you do it



Peppercorn Filets from Ken Stewart's Grille is the perfect entrée for entertaining

(continued)

1. Sprinkle chicken with salt and pepper; coat in flour. Melt butter in 12-inch nonstick skillet over medium-high heat. Add chicken and cook 4 minutes per side, until golden; set aside.
2. Add pancetta and onion to same skillet; cook, stirring frequently until onion is golden and pancetta is crisp, 3 minutes. Add spinach and mushrooms; cook 3 minutes, until spinach is wilted. Add Marsala and bring to a boil. Stir in cream, marinara sauce and artichokes. Reduce heat and simmer 7 minutes.
3. Return chicken to skillet; cover with sauce and vegetables and cook 2 minutes more, until heated through. Stir in tortellini. Divide chicken, sauce and pasta among 4 serving plates. Makes 4 servings.

Per serving: 710 calories, 39.5 g total fat, 20.5 g saturated fat, 188 mg cholesterol, 869 mg sodium, 46 g carbohydrates, 42 g protein, 213 mg calcium, 8 g fiber

Dear LHJ,

When we celebrated my grandparent's 50th wedding anniversary at Ken Stewart's Grille, in Akron, we ordered the best steak with peppercorn sauce. Please ask them to share the recipe. —Kristen Petersen
Hilliard, Ohio

PEPPERCORN FILETS
KEN STEWART'S GRILLE, AKRON

Pan-cooked beef has a honey sauce that cools the heat of the pepper.

Total cooking time: 22 to 23 minutes

2 tablespoons olive oil
4 beef tenderloin filets (8 oz. each, each about 1¼ inch thick)
¾ teaspoon salt
2 teaspoons cracked black peppercorns
½ cup brandy or red wine
¼ cup prepared demi-glace for brown sauce*
1 cup water
1 tablespoon honey
2 tablespoons cold butter, cut up (no substitutes)

1. Heat oven to 450°F.
2. Heat oil in a 12-inch ovenproof skillet over medium-high heat 3 4 minutes. Meanwhile, sprinkle bo sides of filets with salt and one si with pepper. Place filets, pepper side down, in skillet and cook 3 mi utes. Turn filets, transfer to oven a roast 7 to 9 minutes, until an instan read meat thermometer inserted center of a filet registers 130°F. f medium-rare.
3. Transfer filets to plates; kee warm. Add brandy or wine to skill and cook over high heat until re duced to 2 tablespoons, about 2 mi utes. Add the demi-glace, water an honey; boil until reduced by ha (¾ cup), about 5 minutes. Remov pan from heat and whisk in butte until blended. Pour sauce aroun filets. Makes 4 servings.

**Demi-glace is available from More Than Gourmet (800-860-9385) or a www.morethangourmet.com*

Per serving: 800 calories, 65 g total fat, 25.5 saturated fat, 177 mg cholesterol, 667 mg sod um, 6 g carbohydrates, 41 g protein, 23 mg ca cium, 0 g fiber ■

Recipes adapted by Jane Yagoda Goodman and Cynthia DePersio

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LHJ EXCLUSIVE

The Gift Of Life Rose



From our organ donation story on page 94, Edmunds' Roses, in conjunction with the Coalition on Donation, is presenting a new, lovely, soft golden yellow hybrid tea garden rose named the **Gift of Life**. Tinged in light pink, the flowers grow profusely on long, straight stems, perfect for cutting. Each rose bush has shiny, dark green resistant foliage, will grow from 4 to 6 feet tall and survive unprotected to zone 5. Dormant plants will be shipped at the proper planting time for your zone. Orders must be received before May 20, 2001.

A portion of the proceeds from the sale of each plant is contributed to the Coalition on Donation to promote awareness of the critical need for donors. Over 70,000 people await donor organs. The **Gift of Life** makes a wonderful tribute or memorial for those who have made such a precious gift. *Exclusive to LHJ readers*, each rose bush is shipped with a beautiful lapel pin (pictured below) and a **Gift of Life** garden marker. Each rose bush sells for $33.95. Shipping, handling and applicable taxes are $9.95, regardless of the number of roses ordered.



TO ORDER: Call 800-763-6393
(MasterCard, Viso ond Discover Card users) or send your nome, address ond a check to: LHJ® Resources, Dept. L0401, P.O. Box 9381, Des Moines, IA 50306-9381.

Breast Cancer Survival Sto
Continued from page 60
OFFICIAL RULES

NO PURCHASE OR DONATION NECE
ENTER TO WIN. To enter with a $5.00 d
Susan G. Komen Foundation, type double
piece of 8 1/2 x 11-inch paper the followin
name, address, city, state, ZIP code, phone
occupation and signature, a statement expl
300 words how you or someone you know
cancer, and a recent photo of the person fe
statement. Include with your entry a check
made out to The Susan G. Komen Founda
cash. To enter with no donation, type dou
piece of 8 1/2 x 11 inch paper the above de
information and statement.
Mail entry to Breast Cancer Survival Stori
Avenue, 19th Floor, New York, NY 10017
must be postmarked by Friday, April 27 a
Tuesday, May 1, 2001. No responsibility
lost, late, illegible, incomplete or misdirec
prize-notification letter is returned as unde
response is not received within ten (10) da
notification, the prize will be awarded to a
winner. One entry per household allowed.
The contest is open to any resident of the
employees and their immediate families a
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their divisions, subsidiaries or affiliates.
Grand Prize One (1): 2 1/2-day, 2-night w
featured in entry and a travel companion
choice in New York City. Approximate r
$1,500. Included is round-trip coach airf
City from major gateway city nearest win
two (2) nights' accommodations in one de
and, for person featured in entry, one (1)
one (1) hair-cut and style, one (1) wardrob
one (1) consultation with a nutritionist an
with a personal trainer, one (1) session wi
consultant, one (1) photo shoot after mak
included in the October issue of *Ladies' H*
other expenses including transportation to
major airport are sole responsibility of wi
(parent/guardian if a minor) must sign Af
Eligibility, Ownership and Liability Rele
Release and assignment of all rights to en
Home Journal within 10 days of notificat
restrictions may apply. Travel companion
if a minor) must sign Liability Release p
tickets. Person featured in entry must be
New York City one weekend in late June
2001. If person featured in entry is unabl
dates specified, prize is forfeited and an a
may be selected.
All entries and materials submitted becon
LADIES' HOME JOURNAL and Susan G
Foundation and will not be returned or ac
Breast Cancer Survival Stories entries wil
content, clarity of expression, interest to *L*
JOURNAL readers and general appeal. E
original and not previously published. W
selected by a panel designated by *LADIE*
JOURNAL and Susan G. Komen Foundat
of the judges are final. No correspondenc
inquiries about the contest or judging will
LADIES' HOME JOURNAL and Susan G
Foundation reserve the right to edit the w
Winner will be selected on or about May
notified by mail the week of May 14, 200
featured in the story must consent to be a
request of *LADIES' HOME JOURNAL* a
Komen Foundation to participate and ren
photography/taping sessions and media
where prohibited. Winner also agrees by
contest, and person featured in entry agre
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voice in connection with editorial, public
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compliance with the rules.
All federal, state and local laws and regu
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responsibility of winner. Prize is not exc
transferable. No substitution or cash in l
except at the discretion of *LADIES' HOM*
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All proceeds from the $5.00 donation go
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non-profit organization that raises money
breast cancer research. For winner's nam
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by Tom Francirek

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Drink it up: Tea

The relaxing effects of the perfect cup are known to all, but research is revealing tea's hidden health benefits



The antioxidants in black, green and oolong tea leaves may prevent certain cancers

There's been a lot brewing about the health benefits of drinking tea, and a study conducted by the USDA at Tufts University suggests that certain varieties may impart more antioxidant power than even some fruits and vegetables.

Tea's secret weapon

Antioxidants neutralize free radicals that can damage the body's cells and lead to disease. The antioxidants contained in tea (naturally occurring plant compounds called flavonoids) may provide a protective effect against cancers of the lung, mouth, colon and digestive system. Other research indicates that drinking tea may also reduce the risk of heart disease and stroke by helping to prevent blood clotting and by lowering cholesterol.

Potent varieties

Though green tea was once found to contain the most antioxidants, recent studies indicate that other teas derived from the evergreen plant *Camellia sinensis*, which include black and oolong, possess similar protective effects.

Black tea is made by exposing the *Camellia sinensis* leaves to air, a fermentation process that turns the leaves dark brown and gives the tea a rich taste. Green tea is the least fermented, made quickly by steaming or heating the leaves so they retain their green color, and is prized for its aroma and finesse. Oolong is a type halfway between black and green.

The best brew

Whether you drink tea hot or ic the health benefits remain intact. T that is processed into a powder form and ready-to-drink bottled still contain antioxidants but at lov levels than freshly brewed tea. ■

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8 boneless, skinless chicken breast halves
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1 1/4 cups Italian-seasoned dry bread crumbs

1. **Cut** chicken into strips.
2. **Brush** chicken with mayonnaise.
3. **Shake** chicken and bread crumbs in a bag.
4. **Bake** in 425°F oven 15 min. until golden brown and juice runs clear when pierced with a fork.

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One-pot Wonder

This sausage and pasta recipe makes for a savory, satisfying—and incredibly easy me



CAPELLINI WITH SAUSAGE AND SPINACH

This recipe's step-saving secre The ingredients create their ov sauce as they cook together.

Prep time: 15 minutes
Cooking time: 10 to 13 minutes

2 teaspoons olive oil
1 pound sweet Italian sausage, cut in ½-inch-thick slices
1 large onion, chopped
2 large garlic cloves, chopped
2 cans (14 oz. each) chicken broth
¼ cup water
8 ounces capellini or vermicelli pasta broken in half
2 bags (10 oz. each) or 1 bag (20 o fresh spinach, coarsely chopped
¼ teaspoon freshly ground pepper
⅓ cup heavy or whipping cream

1. Heat oil in a Dutch oven or sto pot over medium-high heat; a sausage and cook 3 to 4 minut turning as it browns. Add onion a garlic and cook 2 to 3 minutes, u lightly browned.
2. Add broth and water to pot; co and bring to a boil. Add pasta a cook 3 minutes, stirring frequen Add spinach and pepper and co stirring spinach into pasta and sau 2 to 3 minutes more, until pasta is dente and spinach is wilted. Sti cream. Serve immediately. Ma 4 to 6 servings.

Per serving: 615 calories, 38.5 g total fat, 14.5 g urated fat, 91 mg cholesterol, 1,441 mg sodium, carbohydrates, 24 g protein, 159 mg calcium, fiber ■

Recipe by Cynthia DePersio

Carve out 25 minutes from your busy day, and you've got a delicious dinner on the table


EXCITABILITY
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arinated Shrimp from Van de Kamp's is having
n effect on people. They can't seem to resist it.
ly because it's so good in so many recipes. We've
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The perfect Corn bread

It's the just-right accompaniment to soup, chili and fried chicken, and a breakfast breadbasket favorite, too



The skillet is the secret ingredient for corn bread that's crisp outside, tender insi

OLD-FASHIONED CORN BREAD

Baking up the best corn bread couldn't be easier—or tastier—than this recipe. We discovered that baking the bread in a cast-iron skillet instead of a baking pan produces the crispiest crust and a moist, tender interior. (This easy batter can be used to make a batch

ADD A CAN.
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How do you make ordinary tacos extraordinary? Add a can of RO*TEL® *diced tomatoes & green chilies. For a more traditional taste, try Mexican Festival* RO*TEL

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rnsticks, too, if you prefer.)
rnmeal is available in a variety
xtures from fine to coarse—
times labeled stone-ground—and
will make a slightly different-
red bread. Corn bread is best eat-
esh from the oven, but it also can
ozen up to one month and reheat-
Tip: For leftover corn bread, zap
piece in the microwave for
conds.

time: 5 minutes
g time: 13 to 22 minutes

yellow cornmeal
all-purpose flour
lespoon baking powder
lespoons sugar
spoon salt
spoon ground red pepper
buttermilk or dry buttermilk blend*
spoon baking soda
ge eggs
lespoons butter or margarine,
ted
lespoon vegetable shortening

As a stand-in for dinner rolls or all on its own, this bread has a down-home taste you'll love

1. Heat oven to 400°F. Heat a 10-inch cast-iron skillet in oven 10 minutes.
2. Whisk together the cornmeal, flour, baking powder, sugar, salt and red pepper in a large bowl. Combine buttermilk and baking soda in a 2-cup glass measure. Beat eggs and butter in a small bowl, until blended. Add wet ingredients to cornmeal mixture, stirring with rubber spatula until combined.
3. Add shortening to hot skillet; return skillet to oven 1 minute, until shortening is melted. Pour batter into hot skillet. Bake 20 to 22 minutes, until toothpick inserted in center comes out clean. Cool on wire rack 5 minutes. Serve hot, warm or at room temperature. Cut into 8 wedges. Makes 8 servings.

For cornsticks: Prepare corn bread as directed *except* heat 12 cornstick molds in oven 10 minutes. Brush molds with 1 tablespoon shortening. Return molds to oven and heat 1 minute. Divide batter between molds, spreading batter with back of spoon to fill each. Bake until tops are golden, and toothpick inserted in center of cornsticks comes out clean, 13 to 15 minutes. Cool cornsticks in pan on wire racks 5 minutes, then unmold. Makes 12 cornsticks.

*Prepare recipe as directed *except* mix dry buttermilk blend with other dry ingredients and add 1 cup water for liquid buttermilk.

Per serving: 240 calories, 10.5 g total fat, 5.5 g saturated fat, 74 mg cholesterol, 488 mg sodium, 31 g carbohydrates, 6 g protein, 148 mg calcium, 1.5 g fiber ■

Recipe by Jane Yagoda Goodman



WEIGHT LOSS **BREAKTHROUGH**

Do you have 48 hours to lose weight? We can help!

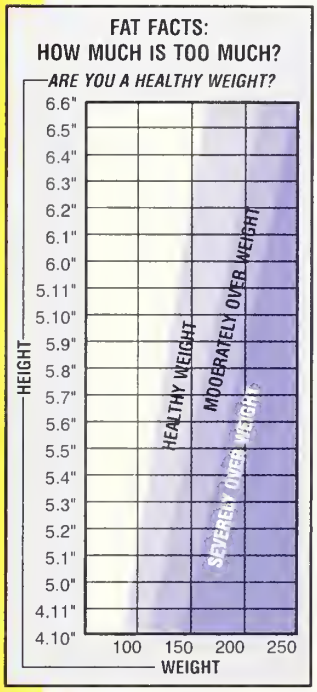
Discover the weight-loss secret of the slim and gorgeous. The hardest part of any weight-loss program is just getting started. This system can help jumpstart you to a fitter lifestyle.





For more than 58 million adult Americans, the problem of weight loss has proven difficult—if not impossible, to solve. Many of them have wasted precious time and money trying to lose weight. They've tried every quick-fix fad diet from the ones where you buy the pre-packaged food to the ones that involve counting calories. They all seem to take months to show any results...and by that time most people's motivation is gone! Now, the latest nutrition technology has resulted in the Hollywood 48-Hour Miracle Diet. What was once Hollywood's best kept diet secret is now sweeping the nation.

The skinny. James Kabler, world famous for his phenomenally successful Six Day Bio Diet, has now launched the faster and easier Miracle Diet. The Hollywood 48-Hour Miracle Diet is a special formulation of all-natural juices and botanical extracts so it looks like an ordinary bottle of juice—and works like a miracle! For two days you give up all bad food habits. In place of fats, sugars and artificial ingredients, you flood your body with the vitamins, minerals and essential oils found in this amazing juice. Just mix half of it with an equal amount of cold water and sip it throughout the day. It's so easy. There's no measuring or combining foods, no counting calories or points, no hassle. It's that easy.



Hollywood's best-kept diet secret. This phenomenal weight-loss program is great for anyone because you only have to stay on it for 2 DAYS TO SEE RESULTS! Ideal for people who have a special occasion coming up and want to look and feel their best—fast. High school reunions, weddings, even that trip to Hawaii are all great reasons to lose a quick ten!

THE RESULTS ARE IN:
Weight loss ranged from 4.5 to 16.75 pounds



An independent lab test of Hollywood's diet phenomenon:

- Each participant lost a significant amount of weight
- All participants were very happy with their individual weight loss and expressed their desire to use the diet again on a regular basis
- Testing of each participant's body fat percentage showed results of significant fat loss
- No one reported any adverse effects

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The results are in. In a new test by an independent lab involving 27 participants, this remarkable diet produced impressive results. Participants lost a significant amount of weight, averaging almost 7.5 pounds.

There are no failures on this diet—you will lose weight—guaranteed! Lose up to 10 pounds in just 48 hours with no risk. If you're not 100% satisfied, return the unused portion within 30 days for a full, "No Questions Asked" refund. Dieting is easier wi you do it with a friend or spouse, s enough for two!

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Eliza, Co

"I must admit that I was a little sk But, I figured, what have I got to lo Anyway, I started the diet on a Sat morning. The juice is very tasty an somehow keep the hunger pangs at I drank water throughout the day an out of the kitchen. Before starting I was weighing in at 113 pounds. T day when I weighed myself, I was u in at 109.5 pounds. That was only I still had Sunday to go. By the end diet, I went from 113 pounds to 106 I feel better, my clothes fit better, an feel as bloated and puffy. I ordered these in hopes that it would work s I could do it again later. I am glad I

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ıi's southwestern shore. The
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complete feast for the senses.
year's festival was the first.
›ns ranged from the animated
ı Run, the high-spirited tale of
hickens flying the coop, to an
; of silent comedy classics ac-
ıied by a live band. This year,
nt will take place June 13–17.
eup of films will include clas-
well as new and independent
-a mix of comedy, drama, doc-
ry and romance.
screening begins with the tra-
l Hawaiian storytelling tech-
of chant, hula dancing and
erformed by some of Hawaii's
ved musicians and dancers.
ıe night sky has stories to tell.
tival's resident astronomer de-
n pointing out Hokulea, the
t has guided Hawaiians since
times, and the constellation
Maui's fishhook, which, ac-
; to legend, was used by the
›d Maui to pull the Hawaiian
out of the sea.
ldition to the outdoor perfor-
s, films are shown day and
; at the Maui Arts & Cultural
in **Kahului**, a half-hour drive
/ailea. Between films, festival-
an keep busy with filmmaker
sions, moonlit cruises and
ıd-wine tastings.
; you've enjoyed the film festi-
ck out the area's non-cinematic
›ns. **Wailea Beach** and nearby
each are great for swimming,
ing and body surfing. There
›o three championship golf
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ın you want to relax, pamper yourself at the **Grand Wailea Hotel's Spa Grande** (800-772-1933). Whether you're in the mood for a manicure and pedicure, facial, body wrap or aromatherapy massage, every spa treatment includes mineral baths and waterfall showers. (Treatments start at $100, plus an additional $30 for nonguests. Packages are also available.)

While exploring Maui, consider taking in a sunrise at the summit of **Haleakala** crater, the world's largest dormant volcano; hiking through lush **Iao Valley State Park** (808-244-6500); shopping for arts and crafts in the Windsurfers' town of **Paia**; checking out the historic buildings of **Lahaina**, an old whaling port; or tasting pineapple wine at **Tedeschi Vineyards** (808-878-1266), located in the town of **Kula**, in "upcountry" Maui. Another highlight is the **Hana Highway**, a narrow mountain road whose 600-plus curves take you past waterfalls, hidden swimming holes and breathtaking ocean views.

Tickets to Maui Film Festival screenings range from $8 to $20 per person; tickets to parties, receptions and cruises cost between $20 and $50. A "Passport" package, which includes admission to all films and other festival events, is available. Call the **Maui Film Festival** (888-999-6330) for prices and details. All tickets can be purchased upon arrival at the island, though advance reservations are recommended. Shuttles provide frec transportation from all Wailea hotels to many of the festival events, but you'll want to rent a car to get the most from your visit to Maui.

Accommodations in Wailea start at $140 per room at the Diamond Resort, nestled in the hills overlooking the ocean. Other hotels in Wailea include: The Grand Wailea, Outrigger, Kea Lani, The Four Seasons and Renaissance Wailea Beach—all located beachfront. For more information, call the Maui Visitors Bureau at 800-525-6284, or visit *www.mauifilmfestival.com.*

—Janet Bailey

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Wyoming

2001: A Wyoming Space Odysse

It's probably truer than not that when the Stanley Kubrick space movie came out in the 1960s there was a passel of us who never thought we'd be around for another century. The year 2001 seemed so far away. Well, we're still here and you may be thinking Wyoming seems pretty far off; maybe even another planet. Not so partner. We are far enough though to qualify as an exploration. A magnificent family odyssey you will find both enlightening and enjoyable. Strap in and let the countdown begin!

Wyoming certainly stands the test of time in the space category. We've got 98 thousand square miles of it and plenty of ways to find your own space hereabouts without having to elbow your way through crowds. You could, for example, safari for wild horse viewing near Rock Springs and see not only a band of those amazing critters but take in the Killpecker Sand Dunes and several other unique sites along the way. You might get real lucky and spot North America's only desert herd of elk—transplanted to the area from Yellowstone in the 1940s.

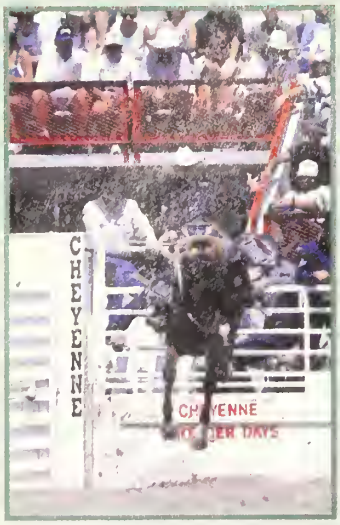
Wyoming is very proud to be the home of both Yellowstone and Grand Teton national parks. We don't claim ownership, just stewardship of the vast territories protected by our forefathers for the enjoyment of all of us. Outdoor recreational opportunities abound whether you like to fish, hike, ride horses, river raft or just sit there and soak in the splendor.

Yellowstone's geysers, wild anima
populations, and tumultuous
waterfalls are just a few of the
that make the world's first natio
park a special place and a tru
"pleasuring ground for the peopl
as it was ordained to be from the
beginning. AmFac Parks & Reso
offers packaged tours, activities a
a wide variety of lodging options



Beautiful mountains and brilliant wildflowers are just a small part of the beautiful scenery found in Grand Teton National Park.


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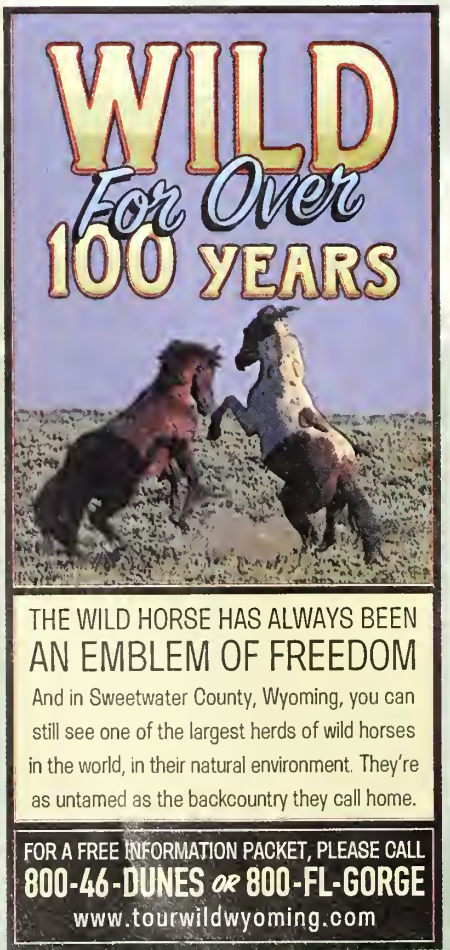
Don't forget to catch a rodeo show in the "Cowboy State"—You haven't seen the West until you've been to Cheyenne Frontier Days.

Yellowstone. Grand Teton Lodge Company presides over numerous lodges and activities alongside the towering Teton Mountains just to the south of Yellowstone.

There are all kinds of other options to pursue while visiting the "Cowboy State" of Wyoming. Where else would you find 600 saddles under one roof? Stop in downtown Sheridan to see Don King's Museum in the family saddlery and rope store and you will be immersed in the real West immediately. Don started collecting many years ago and the saddles— of all sizes and description— date back to the early 20th century. "People have been real nice about complimenting us on it and that's what it's for," says Don King. "Everybody seems to appreciate it. Course I haven't heard too many bad comments because I'm not charging anything to get in," he laughed in typical cowboy cadence.

If you have the desire to put horse under a saddle and ride ther just isn't any better place to romp. Wyoming ranch stays are as pop as ever. Whether it's a two-hou or the one-week guest ranch vis we have it all. Cow kids, cowgirl and cowboys— come one, come You are welcome here. "People d spend time with their kids doing activities over a long period," says Gary Fales who owns a guest ranch west of Cody. "There's a real bonding that goes on duri the course of a week. They pull together."

A lot of native people came together to construct the interp retation of a new Plains Indian Museum in the Buffalo Bill Historical Center in Cody.





ery latest audio and video
es, including sound cones
t the hearing impaired, are
panied by narration from
who know what they are
about. "We wanted to include
voices as much as possible. As
go throughout the galleries
have the opportunity to hear
people speaking for themselves,"
mma Hansen who is curator
nuseum, which re-opened with
million-dollar rejuvenation,
e.
yoming's historic sites and
ns offer an unmatched look at
h times and often-hard lives
e who settled the territory.
n't get much harder than rock
e Rockpile Museum in
e is a solid repository of
s and artifacts. The coal-rich
arby holds the energy key to
many locations across the country. More coal is produced in Wyoming than in any other state and its low sulfur content makes Wyoming coal much sought after. Mine tours are available at a number of the huge operations.

Talk about a big operation! You haven't seen the West until you've been to Cheyenne Frontier Days. It is the premier western celebration in the world with nine of the most action-packed professional rodeos on earth in a massive outdoor arena, four western parades unmatched in their presentation of horse drawn carriages and western-theme floats, as well as three, free pancake feeds. Topnotch entertainers on hand for this years' night shows include Brooks & Dunn, Chris LeDoux, LeeAnn Womack and Clay Walker. Wyoming's capital city of Cheyenne has much more to offer as evidenced by taking a history tour via trolley or strolling through the museum collections of art, western memorabilia and railroad rarities. Two steam locomotives have been refurbished and are operational out of Union Pacific's Cheyenne roundhouse. A third, Big Boy, is on exhibit at a local park.

One of Wyoming's most enduring exhibits is its pioneer history. Those treks opening the West are still visible along miles of trails where one can actually see the ruts cut by wagons. Casper is at the very hub of the



Annie Oakley, Sitting Bull, Wild Bill Hickok, Frederic Remington, Russell, Colt, Moran, Sacajawea, Wyeth, Carson, Jackson, Buntline, William F. Cody and more. Find them all in the four museums of the Buffalo Bill Historical Center.

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Left: Bert Phillips (1868-1956), *Guardian of the Sacred Lake* (detail). Oil on wood panel. Bequest of Robert W. Walter.

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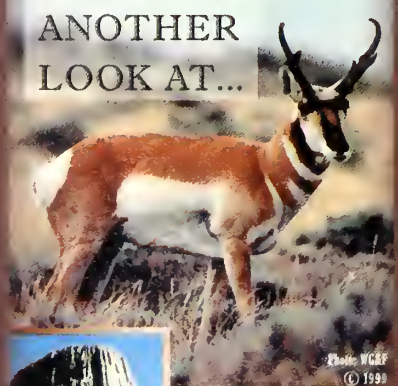


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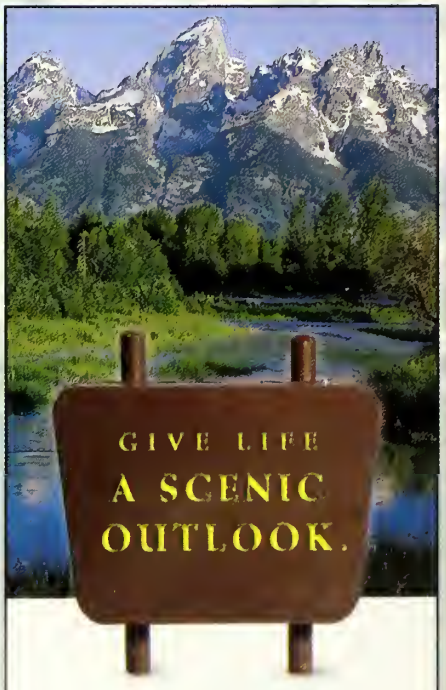




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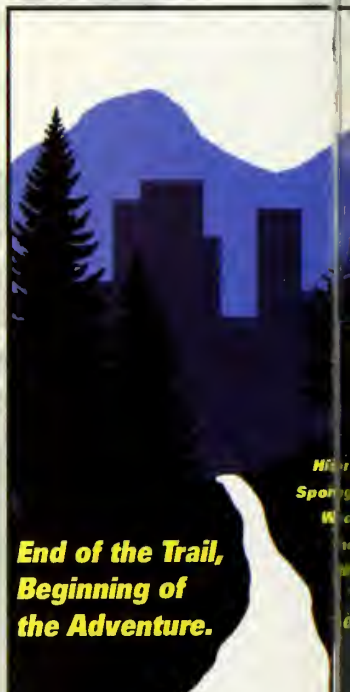
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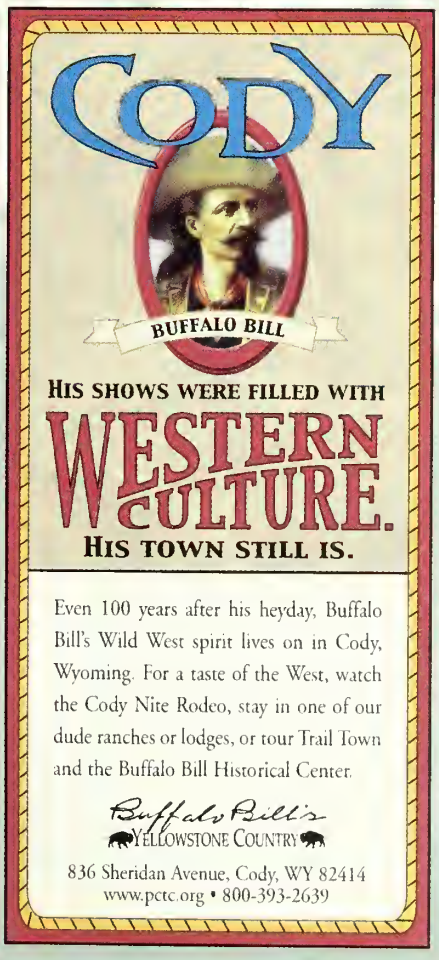
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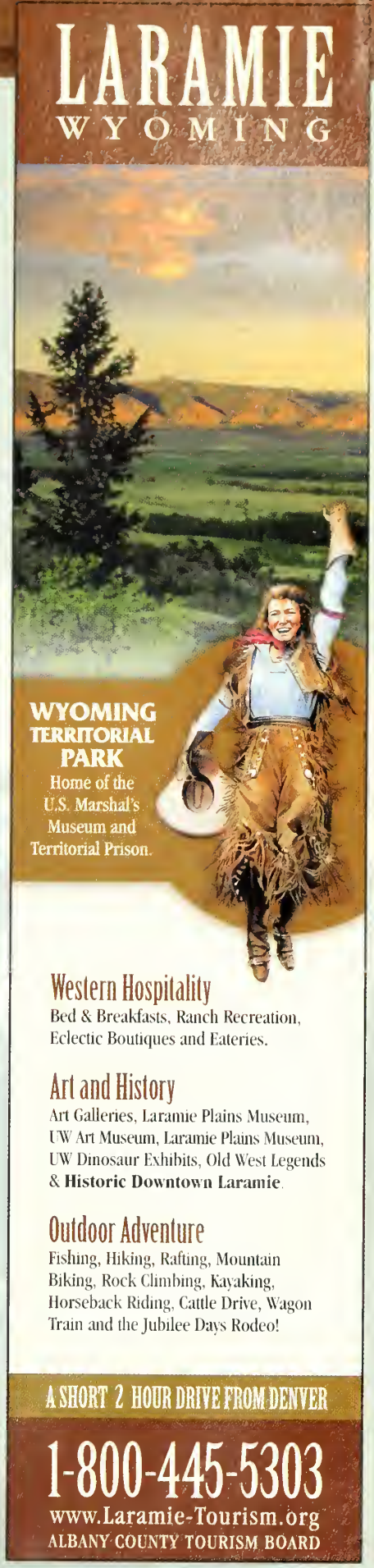
Museum on site. The incomparable mountain scenery of Snowy Range Road is less than an hour west of Laramie.

Television outdoor and fishing show producer John Barrett was recently looking across the landscape of central Wyoming while creating a segment on horse ranching. He sensed the unique nature of where he stood: "I love Wyoming, being out here feeling the wind on your face, seeing the snow on the mountains that are 80 miles away. There's such a spiritual part to having that experience."

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TRAVEL JOURNAL

Las Vegas, Family Style

Las Vegas has been associa vice for so long that many avoid it. That's a mistake: T bler's paradise actually has offer people looking for wh family fun.

Begin your tour at Buccan an attraction outside **Treasur at The Mirage Hotel and** (800-288-7206), where you'll mock battle between crafty pir British naval officers aboard t mous vessels. The showdow place every 90 minutes from 11:30 P.M. daily. A tip: Root fo rates—they always win.

Next, take a gondola ride d man-made canal at **The Ven** hotel and casino (888-283-642 check out **Madame Tus Celebrity Encounter**, a show more than 100 wax figures, i Brad Pitt and Whoopi Goldber ed at The Venetian.

Continue your journey t "Italy" with a stop at **Bellagi** 987-6667), a tall hotel perch lake surrounded by villas and The lake is outfitted with thous fountains, whose sprays are ographed to music.

Another highlight of Bell "**O**," Cirque du Soleil's latest tion. The aquatic extravaganza swimmers, divers, acrobats and ists. Call 888-488-7111 to reservation up to 90 days in a ticket prices start at $85.

Your final stop should be **Grand Hotel** (800-929-1111), descendants of MGM Studios' ture lions (the ones that roar b movie starts) prowl. Admission i

Other hotels worth checking **New York New York Hotel an no** (888-693-6763), with its sky cade and outdoor roller coast **Aladdin Resort and Casino** (87 9474), which features Desert P an entertainment complex fille shops and restaurants.

—*Kelly Mc*

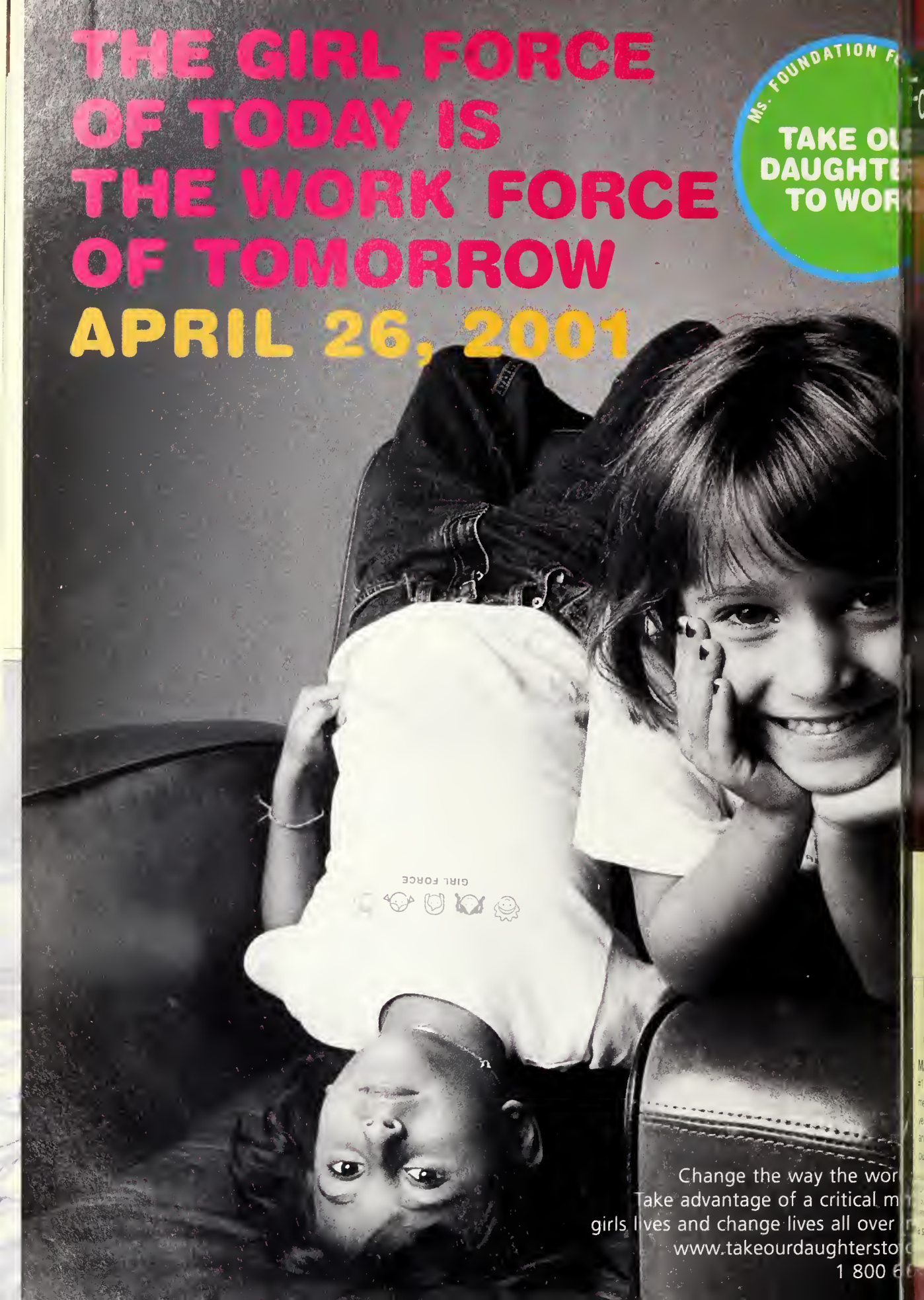


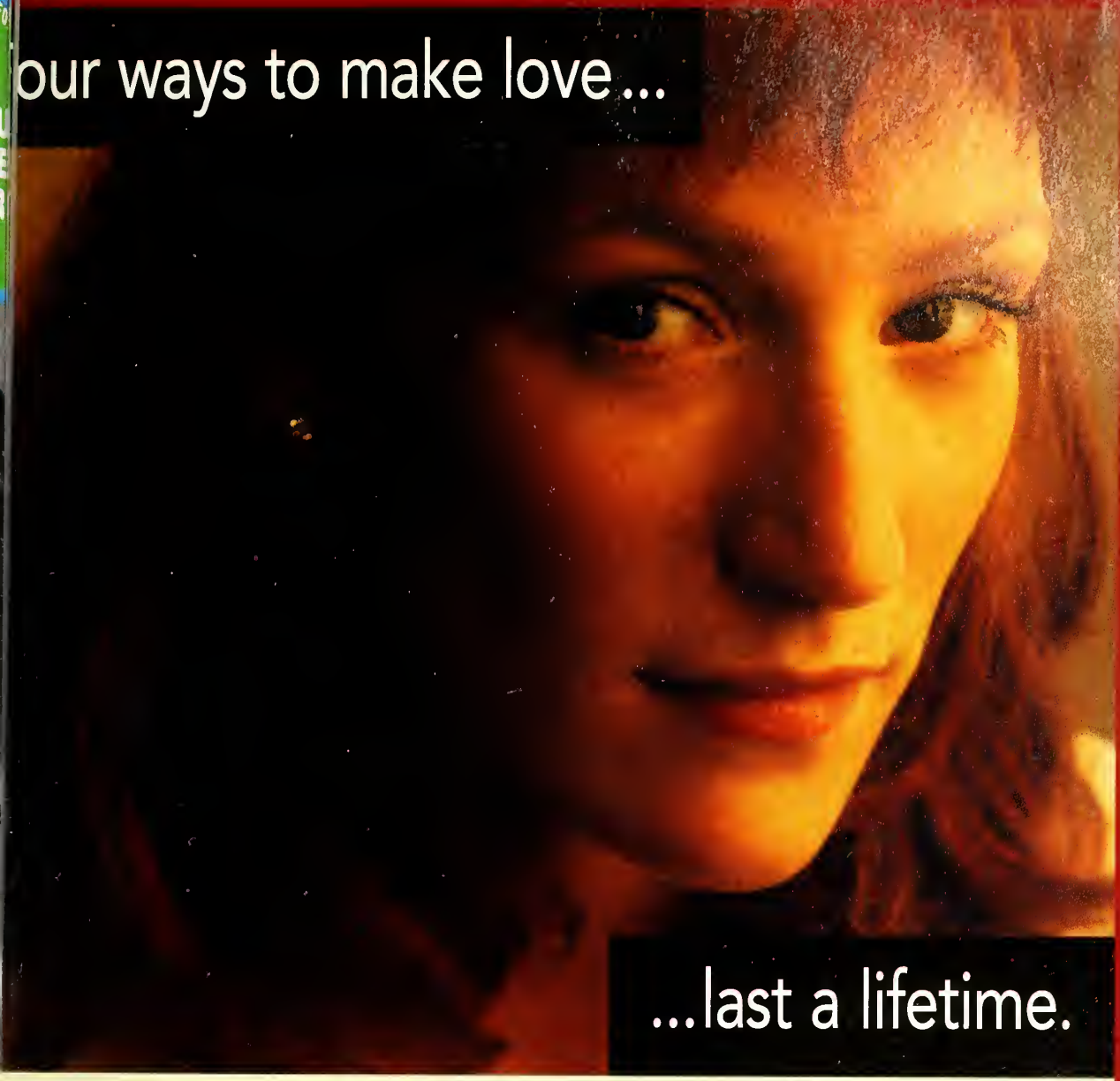
THANK HEAVEN FOR LITTLE TUBS

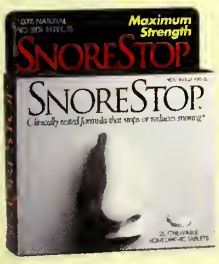
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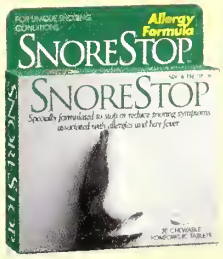
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se·lec·tion (sə lek'shən) *n.*

1. A carefully chosen or representative collection of things. Synonym: **Checks In The Mail**

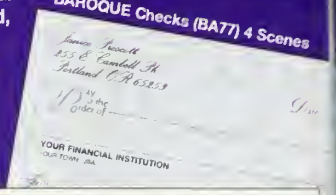
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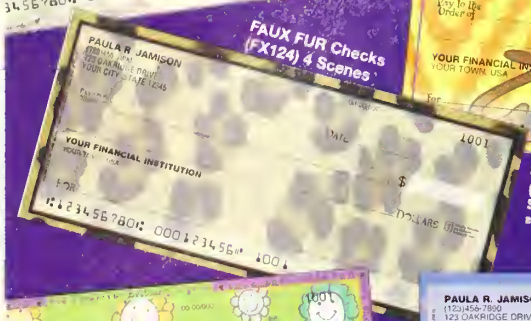


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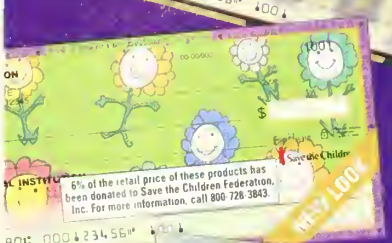
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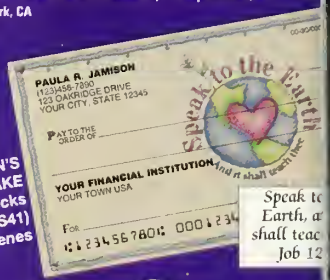
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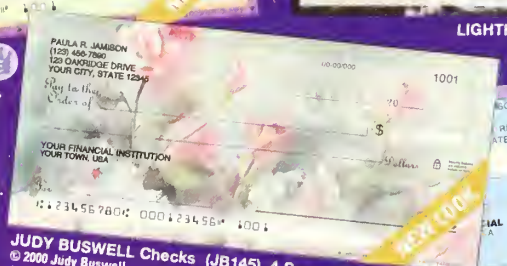


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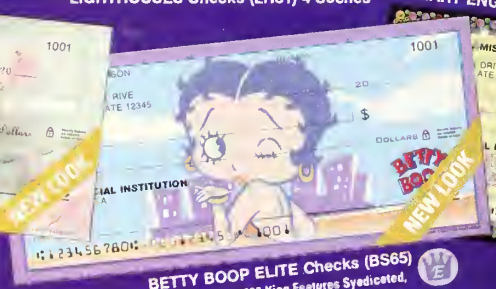
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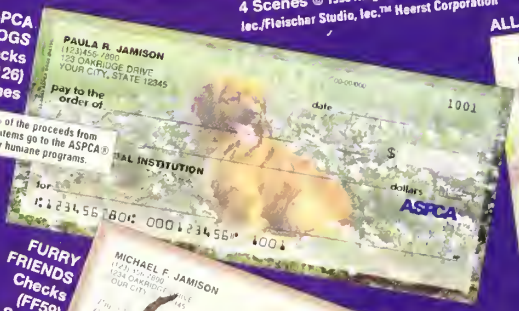
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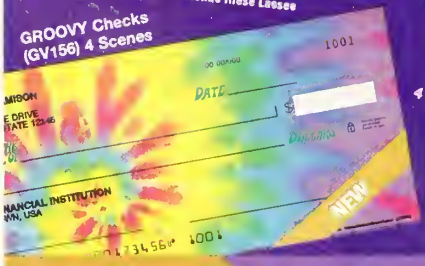
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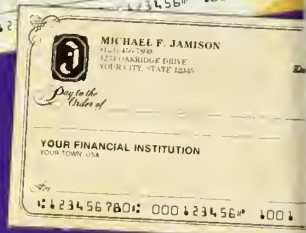


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Sisters & Skin Cancer

If you have a sibling with melanoma, you're much more likely to get the disease

(continued from page 135) using sunscreen—in junior high and high school. I even used tanning oil while sunbathing. I am definitely more careful with my skin now. I don't sunbathe often, but when I do go to the beach, I use sunscreen with SPF 25, wear a hat and sunglasses and try to sit under an umbrella. Every day I use moisturizers with SPF 15.

I stopped getting annual skin checkups because, after having skin cancer four times, I know what to look for. I do self-exams every six months or so. I don't warn Lisa about sitting in the sun because she's my big sister—she's a grown-up and wouldn't like me bugging her."

Lisa: "Missy's skin cancer hasn't really affected me—I love relaxing with the warmth of the sun on me, so I still sunbathe about once every two weeks in the summer. I have fair skin, and in college, I had two blistering burns on my face. That scared me, so I started wearing sunscreen with SPF 30 on my face, plus a hat and protective sunglasses. On my body, I wear sunscreen with SPF 15 at the beginning of the summer, and then as I get a base tan, I lower the number SPF I use. I always feel like I look healthier if I have at least a little bit of color.

Since I moved to Chicago from Los Angeles nine years ago, I stopped wearing a daily moisturizer with sunscreen. I just don't think it's sunny enough here to need it. And the first time I ever went to a dermatologist was this year because of a mole on my chest. The doctor said it was nothing and didn't suggest I come back for yearly checkups."

The relative risk: Skin cancer is a disease that strikes 1.3 million people annually and kills an estimated 8,600 women. The most common form is basal-cell carcinoma, which accounts for 80 percent of cases. Although it isn't usually fatal, it can destroy the surrounding tissue, and must be scraped or burned away, which causes pocklike scarring. Squamous cell, a type of skin cancer that forms in a middle layer of the skin, and basal-cell carcinomas are not genetic; you're most likely to get them if you have sun-damaged skin, had a blistering sunburn before age 18 or have blue or green eyes, numerous freckles or more than 50 moles on your body, says Debra Jaliman, M.D., a clinical instructor at Mount Sinai School of Medici and a dermatologist in New Yo City. Melanoma, the deadliest fo of skin cancer, does have a gene link, however. "If you have a fir degree relative—a parent, sibling child—with melanoma, you' much more likely to get it th someone without a family history says Jaliman. "If you ha melanoma, everyone in your fami needs to get checked."

The best way to prevent all sk cancers is to stay out of the sun. D spite the common myth, a "base ta does not provide sun protection; fact, any tan is a sign of damag skin. Even in Chicago, Lisa needs wear a broad-spectrum sunscre with at least SPF 15 year-round. she still wants to hit the beach, sh should cover up with sunscreen, UV blocking sunglasses and a hat with least a two-inch brim, and stay und a beach umbrella. And she shou avoid peak sunlight hours fro 10 A.M. to 4 P.M.

An annual skin checkup by a de matologist is recommended for ev eryone. For people like Missy with history of skin cancer, a semiannu exam is a must. "Missy could deve op more basal-cell carcinomas dow the road, until her skin has had chance to repair itself," says Jal man. It's also important to examin your skin from head to toe every on to three months. If any of your birth marks or moles change in size, shap or color, see your doctor. ■

We just touched on omething that makes every other air freshener seem obsolete.



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DO FRIENDS MAKE YOU FAT?

Continued from page 51

women may achieve different results on the same diet and exercise program. When one loses weight, her friend may feel, 'We were in this together, and now I've been surpassed and even abandoned.' It can feel like a betrayal, and that can hurt a friendship."

Not long ago, Amy Keroack and her friend Meg* were partners in diet crime. "It was typical for us to pick up a video, and on the way home Meg would say, 'Let's get some Ben & Jerry's,'" says Keroack. "So we'd each get a pint and finish it by the end of the movie. You tell yourself, 'It's okay that I'm eating a pint because she is, too.'" Thanks to their conspiratorial consumption, the women were packing on two or three pounds each month.

But Keroack began shunning sweets to avoid gaining weight. Her subsequent weight loss of about 20 pounds alienated Meg, who is 5 feet 11 inches and at the time weighed 220 pounds. On a shopping expedition for jeans, Keroack recalls, "The store didn't have any relaxed fit, only classic fit, which is tighter—and in a size smaller than I usually wear. But I tried them on anyway, and they fit. I came out of the dressing room cheering, 'Woo-hoo!' and Meg just walked away. She'd been on a diet, so she was sad that she'd been working hard to lose weight but it hadn't happened. So I couldn't really enjoy the moment."

Some women find that their friendships are strained when one person simply changes her eating habits. Maria Connor, a 36-year-old mother of three in Fort Belvoir, Virginia, experienced this recently. She and her friend Sheila* used to go "sinning"—out for ice cream or pizza on Sunday nights. While Connor, who is 5 feet 4 inches and weighs 220 pounds, has grown heavier, Sheila's marriage to a fitness buff has strengthened her discipline. Not only are the nights of sinning history, but Sheila now bans junk food from her house. Her self-control intimidates Connor. "It makes me too uncomfortable to order dessert if we're out to dinner," says Connor. "A[nd] always asks me if I'm exercising[,] makes me want to avoid seeing [her]

Partners in healthy eating

The good news is, friends can d[o] much to support each other in th[eir] weight battles. Amy Keroack's [best] friend Meg recently lost weight [(]now 175 pounds) and is smaller [than] Keroack, who has regained the [weight] she lost, but both women have b[ecome] cognizant of their formerly catty [competitive] behavior. "Meg tried to push her [diet] on me, with all good intentions," [says] Keroack. "But when I said, 'Tha[t's] nice of you, but it's not for me,' [she] backed off." These days, the wo[men] research low-cal recipes and mak[e] meals together. "It's fun. It's a w[ay] eat healthy without having to die[t], it keeps us close," says Keroack. "[We] wind up talking about everything [in] our lives other than our bodies."

Jennifer Kornreich has written f[or] The New York Post, Cosmopolita[n] and People.

THEY GOTTA HAVE IT

Continued from page 160

consider them very successful."

Another alarming side effect of wealth worship has been a boost in the hours kids work. While holding a job certainly teaches teens a sense of responsibility, there are signs that too many are now doing too much. A 1997 study found that middle-class American kids were three times as likely to work as Western European teens, and that they worked six times as many hours. In fact, some 38 percent of 15-year-olds have regular jobs, and the average employed high-school student works a whopping 17 hours a week. That means less time for school work. In addition, studies of teens have suggested links between a work-week of more than 15 hours and negative behavior like truancy and alcohol use. And for many kids, the money earned simply adds to what they can spend at the mall—in 1997, teens were spending $82 billion a year.

Finally, say experts, middle-class affluenza exacts a more abstract, but equally serious, spiritual price. Children given everything never learn the value of delayed gratification. "One of the essential lessons of childhood is learning to wait for things," says Diane Ehrensaft. "Being given everything actually cuts down on creativity—if you want a playhouse and your parents don't buy it for you, you find a way to make one yourself. Children who get everything also come to believe that wanting always means getting. This is a dangerous way to think, whether you're rich or poor."

Perhaps above all, says Karen Bohlin, Ed.D., director of the Center for the Advancement of Ethics and Character, at Boston University, "overemphasis on money and possessions can blind children to the value of things that have nothing to do with money, but satisfy on a much deeper level, whether it be art, religion, nature or service."

Just saying "no"

"It's impossible to completely insulate children from the effects of a culture that's all around them," [says] Robert Frank, Ph.D., a profess[or of] economics at Cornell Universi[ty in] Ithaca, New York, and author of *[Lux]ury Fever* (Free Press, 1999). N[ev]theless, he and other experts [say] parents need to find ways to let [chil]dren know that there's much m[ore] life than wealth and material g[oods]. (See "Fighting Back," on page [xx] for tips.)

"When we collect possessio[ns] make ourselves look great in th[e eyes] of others, we ultimately end up [feel]ty," says Karen Bohlin. "And w[e] come vulnerable, too, when we [base] our self-worth on external trapp[ings]. What we all really need are things [that] are good for the soul—love, the e[x]perience of accomplishment and [joy] work, family, giving to others. C[hil]dren need to understand that the[re's] nothing wrong with wealth," she a[dds]. "What is wrong is thinking that w[hat] defines who you are." ■

Carol Lynn Mithers is a contributi[ng] editor of Ladies' Home Journal.

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April Showers

A rainstorm in Cordova, Tennessee, can't dampen the spirits of a high-school softball team

APRIL 27—The sky was dark and the thunderous rumble could be heard from miles away, when the varsity high-school softball team from Evangelical Christian School took to the field. This was the day they hoped to finally defeat their arch-rival—the St. Agnes Academy Stars.

As proud parents crouched under their umbrellas, the Lady Eagles prepared for an afternoon battle against the Stars, who had beaten them during their first matchup of the season two weeks earlier. But, as the fourth inning rolled around, a heavy rain began.

A FIGHT TO THE END (Pictured above) Lindsay Cordell, 15; Drace Tashie, 16; Kathleen McCallen, 18; Mary Catherine Williams, 16; and Joanna Hodge, 19, huddled behind umpire Mike Cursey, hoping the rain would let up. But the thunder and lightning intensified, and the ump cal[l]ed off the game. "The girls were definitely disappointe[d]," says Lady Eagles coach Dee Baker. "It was the last we[ek] of regular-season play, and we didn't have time to m[ake] up the game."

What the two teams didn't realize is they'd face [each] again in the postseason. On a sunny day, the Lady Eag[les] met their competition on the playing field—and t[his] time, they were victorious 9–6.

Although the Lady Eagles ultimately fell one game sh[ort] of the Tennessee state championships, the 12-meml[er] team looked back on their season with pride. "Win [or] lose, we always have fun," says Lindsay Cordell. "So[f]tball is not that popular at our school, but we all play [for] the love of the game." —*Melinda Lea[ch]*



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JOURNAL®

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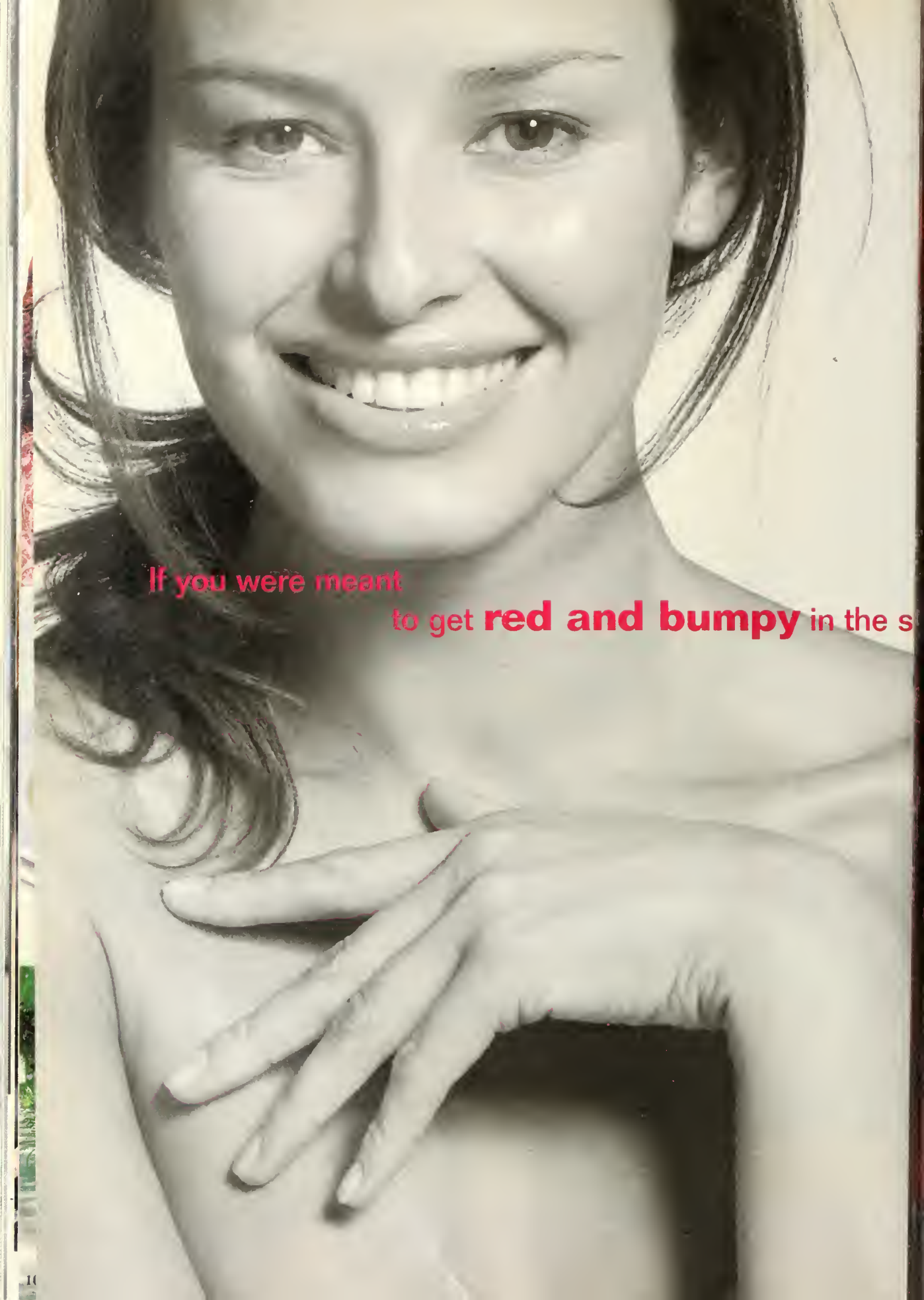
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"Mother's Day in the Fast Lane"



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Mother knows best

We asked our staff to share some of their mothers' best advice with you. Senior Editor Deborah Pike said, "My mother always told me to be patient, because good things come to those who wait. And she was right. It took me almost a decade to find the right guy, four years of dating before we got married and two years of searching before we found the right house. Now that I'm expecting my own child, I will surely rely on Mom's advice."

Editorial Assistant Meredith Bianco shared this story: "My mother divorced my father when I was two and a half. She had only one pair of shoes—knee-high leather boots she purchased with one of her paychecks. She took great care of them. She wore them when she defended her right to custody of me in a courtroom and when she pounded the pavement in search of a new job in a new town while starting a new life. Her greatest gift to me was the powerful advice she gave me while I was growing up: 'Learn to stand on your own two feet.' Fitting, don't you think—coming from that gutsy lady in boots."

My own mother was a tough-minded realist, and the advice she gave me was always very sensible. The last time I was with her was in the hospital. She slept most of the time, but she did open her eyes one moment to say very clearly, "I'm a very old lady."

"Yes, you are, Mom," I answered.

Then she asked, suddenly full of interest, "How are your teeth? Try to keep your teeth, honey. They are *really* important."

Then she closed her eyes and fell once more into her deep sleep.

I think Mom was saying, as she had in different ways throughout her life, that reality often bites—and that when it does, it is definitely better to be able to bite back!

Hope both you and your mom have a Happy Mother's Day!

E-mail me at myrna@mdp.com
Editor-in-Chief Myrna Blyth and Editor Sarah Mahoney will alternate writing this column.

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contributors



JUDITH NEWMAN

Interviewing Barbara Walters can't be easy. But the doyenne of inquisition, who spoke more candidly about her adopted daughter than ever before, made writer Judith Newman feel at ease during their interview for "Born in My Heart" (page 103). "She has a great deal of grace both privately and publicly," says Newman.

MICHAEL O'NEILL



He first photographed Barbara Walters 10 years ago, and has trained his lens on her many times since, most recently for our cover story (page 103). "She's a consummate professional," says O'Neill. His work has also appeared in *GQ*, *Vanity Fair* and *Newsweek*.

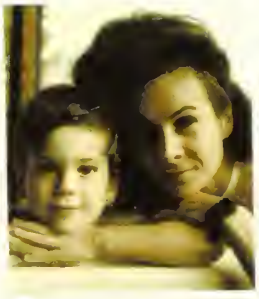


SHANA ABORN

This LHJ senior editor, who wrote "Embrace Your Pace" (page 86), a story about work styles, quips that some days she's either a speedy tortoise or a slow hare. "At the office, I'm usually in fast-pace mode because I like to accomplish a lot in a day," says Aborn. "But it's nice to be around slower people. They remind me to relax and enjoy being in the moment."

KELLY LaDUKE

Dayle Hinman, a special police investigator who compiles psychological profiles of criminals, fascinated photographer LaDuke, who shot her for "I've Put Dozens of Murderers Behind Bars" (page 114). "She has amazing intuition," says LaDuke, whose work also has appeared in *Business Week*.





BARRY YEOMAN

After 20 years as an investigative reporter, Yeoman is rarely shocked by a story. But when we asked him to find out how easy it is to buy prescription drugs on the Internet for "Drugs Online: The New Danger" (page 76), he "was stunned to learn that many of these Web sites sell drugs that aren't approved in the U.S." Yeoman has written for *Mother Jones* and *Discover*.

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your letters

The Walk of Life

Thank you for your inspiring Editor's Journal (February) about Sarah Mahoney's participation in the Avon Breast Cancer 3-Day Walk. I have survived cancer three times, and I plan to register for the walk in Washington, D.C., this spring. I would like to commend *Ladies' Home Journal* for its continued support and efforts to raise awareness of this important issue.
Neale C. Knight, Phoenix

Have Pity

As a first-time author, I was devastated recently when I discovered that my book had received a harsh review. It was a cold, rainy day, and my spirits felt just as dampened. Fortunately for my family's sanity, I decided to read the February *Ladies' Home Journal* with my morning coffee. The title of Linda Richman's "Pity Party" made me smile, and I was laughing by the time I finished her wonderful, wise piece.
Joanne Eglash,
Scotts Valley, California

Homework . . . Help!

"Too Much Homework?" (February) is something I and almost every kid can relate to. It's about time someone recognized this problem. Before they assign 50 chemical equations, teachers should make sure that all their students understand the material. Instead, they charge on, leaving many of us behind, confused and angry. And to all the parents of little kids boohooing about having to help with homework: Don't get too flustered, because by the time your kids enter junior high and high school, the assignments will be so hard that even you won't know how to do them!
Nicole Shull, 17,
Seneca, Pennsylvania



Homework: How much is too much?

Wanted: A Pal

I'm about to celebrate my 38th birthday, and I've been overcome with a feeling that something is missing in my life. As I read "You Gotta Have Friends" (February), I realized that I just don't have enough friends. Sure, I have longtime friends scattered across the country, but here where I live, most of my friendships are with fellow mothers. I miss having a girlfriend I can call at a moment's notice to go to a movie or get a cup of tea. Thanks for an insightful piece!
Nina Silberstein, Portland, Oregon

Show Me the Money!

I was extremely disappointed wi "The Envy Epidemic" (February). suffer from this type of envy [friends who have more money a luxuries], and I was hoping that t article would give good advice c how to overcome it, not just sugge tions like "Look for modest joys What nonsense. As though doing r warding work or playing golf coul make up for a lack of funds. I als take great exception to the premis that the well-off aren't necessaril happier. I can assure you, a lot o money would definitely make m content forever!
Ruth Chase, Peoria, Arizona

Clothes That Open Doors

Suffice it to say, "Clothes to You" [February Journal item abou Clothesminded, Inc., an Arizona based organization that donate business attire to former welfare re cipients] has been such a wonderfu enhancement to our achievements We have received requests from othe towns for more information, and have been told some heartwarming stories that have inspired us to send clothing to a few out-of-state men and women who are trying to make ends meet. Serving 3,000 people in two years is quite a feat! As a self-supporting grassroots organization, we feel your article has been a great help.
Mary Lou Roels, founder,
Clothesminded, Inc.,
Sammamish, Washington

rants & raves

Let's hear it for cliff-hangers: When sweeps month comes along, who can resist watching those [illegible]? Will *Friends*' Monica and Chandler get hitched without a hitch? Will Dr. Greene of *ER* live to see his new baby? Will sex scandals or hanging chads darken *The West Wing*? And what surprises await Ally (McBeal), Malcolm (in the Middle), and Buffy (the Vampire Slayer)? [illegible] this TV treasure trove for the four weeks it lasts; there's a long, dry summer of reruns ahead. —*Shana Aborn*

Your Chance to Sound Off: Senior Editor Shono Aborn loves TV seoson finoles. Whot's on your mind? Send your ronts ond roves—ond your comments obout our stories—to **Letters**, Lodies' Home Journol, 125 Pork Avenue, New York, NY 10017, or send on **e-mail** to lhj@mdp.com. If you wont your letter to be considered for publicotion, pleose include your nome, oddress ond doytime phone number.



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may file

Degrees Women have a lot to celebrate s graduation season. Med-school enrollment r females now stands at 44 percent. In law haals, women are expected to outpace men r the first time, accounting for 51 percent of e fall's incoming students. Less encouraging: 'omen's enrollment in business schools has een stagnant (at 30 percent) far at least five ears. . . . **Fashion Icon** Jacqueline Kennedy nassis' influence an American style has not een lost on the Costume Institute of the etropolitan Museum of Art, in New York ty. Starting this month through July 29, it will display some 80 original costumes and accessories in "Jacqueline Kennedy: The White House Years," on loan from the John F. Kennedy Library and Museum collection, in Boston. . . .



You've Got Mail If spring fever has you in the mood for love, look no further than your computer. As their dot coms fizzled, online dating sites sizzled. In December 2000, the last month for which figures were available, 5 million people visited a personals site, according to Media Metrix, a company that tracks Web usage. . . . **Tributes** As Memorial Day nears, young Americans might want to learn a bit more about the human side of military conflicts past. One new read to consider is *War Letters: Extraordinary Correspondence from America's Wars*, edited by Andrew Carroll (Scribner; $28), a compilation of letters between soldiers and their families from as far back as the Civil War.



The Mini Menace?



Hike up your hemlines: Short skirts are back in fashion. Decades after the miniskirt first forced women to hem their skirts up to there, today's shoppers can choose where and when to go as bare as they dare. But for all the complaints about their lack of comfort and impracticality (when using a drinking fountain requires a ballerina's grace), why do they just keep coming back?

"Comfort is not the major factor in why women wear clothes," asserts Kal Ruttenstein, fashion director at Bloomingdale's, who notes that miniskirts are strong sellers. "Sex appeal—now that's one of the major factors." Yet Alison Lurie, author of *The Language of Clothes* (Owl Books, 2000), predicts the latest minis won't last, given the need for a more conservative look at the office, the number of women who have sworn off skirts in favor of pants and the theory—of particular relevance in a flagging economy—that hemlines rise and fall with the Dow. "When times are good, people are cheerful and dress more like children," contends Lurie. "When times are bad, they feel serious and dress more like adults."

But feeling grown-up isn't the point for designer Betsey Johnson, for whom the mini has never gone out of style: "Don't worry when someone says, 'You're too skinny for that' or 'You're too fat for that.' Wear what you want."

As Robert Janjigian, fashion editor of the *Palm Beach Daily News*, likes to point out, the mini is an improvement over some of the recent styles that have exposed lots of midriff. "Now it's bared legs," he notes. "And actually I would assume more women have better legs than navels and abs."

—Ellen Wulfhorst

A PROMISE, FOR NOW

Do "promise rings" add a step an the way ta the altar?

When filmmaker Guy Ritchie bought Madonna a diamond "promise ring" last August, skeptics wondered if the two were serious about marriage. But, as the world knows, last December, they tied the knot. Thanks in part to them and other celebrities, the promise ring—which, depending on your point of view, can be a prelude to engagement or a means to delay it—has been gaining popularity. "It's a way to break the tension of a long-term relationship that hasn't moved on," says Stanley Teitelbaum, a psychoanalyst and marriage counselor with the Postgraduate Center for Mental Health, in New York City. (Though moving on is just what some couples did after the rings were exchanged—including Jennifer Love Hewitt and Carson Daly.) Jewelry retailer Zales reports its promise rings ($199 to $570) are selling briskly. Cartier has latched on to the trend with "declaration rings" (starting at $1,900). As Teitelbaum suggests, promise rings let couples "play at being engaged without the real burdens of commitment."

Last-Minute Summer Trips



Haven't booked your summer vacation yet? There's still time to plan a getaway by clicking on to any of these last-minute travel sites: **Go-today.com** has discount package deals to such destinations as Ireland and the Czech Republic. **Icruise.com** features some of the lowest available prices on cruise vacations. Mast lines release discounts on unsold cabins 45 to 60 days before departure. (If yau'd prefer ta call, contact the last-minute desk at World Wide Cruises, 800-882-9000. It specializes in three-, faur- and seven-day cruises from twa days tc 60 days priar to sailing.) **11thhourvacations.com** offers discounts af up to 90 percent on package trips. **Site59.com**'s deals cover such places as Charleston, South Caralina, and Sonoma, California.

the new new thing


B.E.D.'s waiters wear pj's

Dinner in Bed: In the most rarefied of themed restaurants, B.E.D. (Beverage, Entertainment, Dining) in Miami Beach serves patrons French fare in king-size beds. Plans call for branches of the restaurant in New York (this month) and Las Vegas (later this year). The bedding is changed before each party is seated.

street smarts

The Empathy Belly

In honor of Mother's Day, we decided to find out how well a man would handle pregnancy. So writer Nicholas Weinstock, whose wife was in her ninth month, donned the Empathy Belly, a 33-pound canvas apron with fake breasts and a rounded front developed by Planned Parenthood to help fathers understand—on a more intimate level—what it is like to be with child. Here is what Weinstock learned in his day as a "pregnant" dad:



"While I am working, the bulging belly prevents me from getting within clear eyeshot of the computer screen. I attempt a sidesaddle position and scoot forward, but fatigue quickly sets in. . . . It's hard to see around the belly as I slice bread at lunchtime. Soon, my legs begin weakening—and my back aches. . . . Tying my shoes turns out to be a Herculean undertaking. Any forward bending is done with zero visibility and the sensation of my lungs being squashed in half. No wonder my wife takes an extra half hour to dress in the morning."

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Out with the old . . .

Now that the Bushes have settled into the White House, the influence of their predecessors is quickly fading:

WHAT'S IN	WHAT'S OUT
English springer spaniels (like Spot, the new First Pooch)	Chocolate labs (the Clintons' Buddy)
Family barbecues	Coffees for 200
Bed by 10 P.M.	All-nighters
Every hair in place	Ever-changing hair
Tex-Mex (George W. is a fan of enchiladas)	McDonald's and Baby Ruth candy bars
Ricky Martin; country music	Kenny G; Fleetwood Mac; Michael Bolton
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Culture Vulture

What's it take to be a best-seller? Try a mention on *The Oprah Winfrey Show*. A recent example: Joyce Carol Oates' 1996 novel *We Were the Mulvaneys* ranked 19,869 by Amazon.com early this year until Winfrey made it one of her book-club selections. Within hours it shot to *number one*!



JUST FOR MOM

Need a Mother's Day gift? Consider these mom-pleasers: **In Pink** Victoria's Secret's fragrance, Pink, with notes of freesia ($45 for 2.5 oz.). **For the Feet** The Deluxe Foot Spa: a tote filled with a foot-massage pillow and other goodies. (Log on to *RedEnvelope.com*, $75.) **Flower Power** How about Oriental lilies (the season's hottest petals) or pink tulips? Call FTD at 800-736-3383 or visit *www.proflowers.com* for fresh flowers. **In the Garden** Give Mom rugged, waterproof garden clogs (*MarthaStewart.com*, $39; or *Birkenstock.com*, $45.95). **Keepsake** A felt-lined, vintage jewelry box (Calais Jewelry Box, $29, The Bombay Company).

the giving spirit



All for one: Gardiner and friends

Hearts & Hands

In the big picture of a life-threatening illness, it's often the little things that get overlooked. That's what occurred to Patricia Gardiner in 1993, when she met the parents of a 12-year-old boy dying of leukemia. "I realized there are things we cannot change, but I felt obligated to try to ease the pain," said the 48-year-old resident of Mattapoisett, Massachusetts. So Gardiner decided to organize Hearts & Hands, a nonprofit group serving Massachusetts and parts of Rhode Island that provides a range of everyday services to terminally ill children and their families. "They have basic needs—a meal, a ride to the hospital, a shoulder to cry on—things insurance doesn't cover," says Gardiner, whose organization, now in its sixth year, has touched the lives of more than 50 families. This month (on the 20th), Hearts & Hands will host a walk/bike-a-thon to raise funds for the work the group and its volunteers—in excess of 100—regularly perform. "We rely purely on the goodness of the hearts of those around us," says Gardiner. "Their donations are our lifeline." (For more information, call 508-758-1300.)

Reported by Christina Orlovsky, Christina Sciammacco, Melinda Leader, Meredith Franco and Francesca DiMeglio


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A new baby, a new movie and the "dirty" little secret he learned from Ashley Judd

Greg Kinnear

Greg Kinnear uses the word "grateful" a lot—with good reason. In August, he and his wife, Helen, are expecting their first child. That same month, Kinnear stars in HBO's version of the Off-Broadway smash *Dinner With Friends*. And these days, the Oscar-nominated actor (*As Good As It Gets*) can be seen as Ray Brown, the love interest of two women, including Jane Goodale (Ashley Judd) in the film *Someone Like You*.

The Indiana-born actor got his big break in 1991 hosting E!'s *Talk Soup*, which skewered the outrageousness of Jerry Springer–type talk fests. Although his film credits, including last year's hit *Nurse Betty*, have established the boyish Kinnear as a movie star, shades of the TV satire artist find their way into a chat with him.

Your new film had once been called *Animal Husbandry*. Does Ashley Judd's character think men are animals?

Jane is trying to sort out her own theories about the behavior of men. I'm something of an experiment in her laboratory. I didn't see Ray as a bad guy, just crazy in love with two women at once.

Have you even been in that position?

Not that I'll admit to.

Your character, Tom, in *Dinner With Friends* is another guy who leaves his mate. What's up?

Like my character in *Someone Like You*, Tom's behavior at first glance can be misconstrued as one thing. But upon learning more about him, you see that all isn't what it seems.

Are we too swift to judge in real life? *Judgmental?* The country that presides over *Survivor*, where we sit in our living rooms and decide who should be banished from the island each week? I would say, yes, we're probably occasionally guilty of formulating quick opinions.

"[Becoming a father] is amazing . . . I've run out of adjectives"

Your work in *Nurse Betty* was brilliant—I don't like to throw that word around—

Oh, you can always bandy that word about in connection with my work!

How did you like working with Renée Zellweger?

She's a remarkably in-the-moment actress. Very unpredictable, with great range.

Meg Ryan [*You've Got Mail*]?

It was kind of an intimidating move for me, because of Meg and Tom [Hanks]. There was a little bit of an outsider's feeling, since they'd worked together before. But she went out of her way to make me feel comfortable.

Helen Hunt [*As Good As It Gets*]?

Helen is very, very preci about the work. We met and kind of knew right away how we were goin to play it.

Ashley Judd?

She is just this great spirit—and amazingly talented. She has a motherly quality. During the shooting, she led the troops through various game nights, always seeing that everyone was taken care of.

I understand you're rather passionate abo cleanliness?

I'm very particular about food preparation: I need t see the gloves. Can't we all just pick up some Sani-Wash! Ashley [Judd turned me on to that lotio you put on your hands—

Purell?

Yes. I became a little addicted to the stuff. I fin it quite comforting to know that at any given moment you can neutron-bomb away all the germs.

Well, you'll want the world safe for your baby. What's it like becoming a parent?

I've run out of adjectives. I'm thrilled beyond belief It's amazing. I get a lot of advice from other parents all the time, but I'm never bored by it. I have a list o thousands of things to know that I periodically go through.

So you plan to be the perfect dad?

Right up until the baby's born. —*Jim Brosseau*



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pro trick:
smooth on a glow



When you want your makeup to l… fresh and pretty, almost as if you're … wearing any at all, reach for a color was… gossamer veil of color for the face, eyes, p… and cheeks. New this season: Calvin K… Face Color Wash in Crystalline ($23… golden, shimmery cream for the face: …e Body Shop Eye Gloss, an iridescent, transparent cre… shadow ($10); Lorac Lip/Cheek Sheer Wash ($17.50), ul… light liquid stains that go on via a roll-on applicator; …d L'Oréal Pinch of Colour ($7.95), a rosy liquid cheek st… How to get the best results? Diane Kendal, internatio… makeup artist for Calvin Klein, says to prep skin wit… moisturizer, then glide face wash wherever you want a li… shimmer, perhaps, over cheekbones and at the temples. … eye color washes, apply sparingly and blend evenly w… your finger. Line lids close to upper lashes with a black e… liner, but skip mascara to keep the look light.

Bargain Beauty

Wet & Wild Blemish Block ($1.49) heals and hides zits in one stroke. With soothing natural botanicals, it's a perfect choice for sensitive skin.



ON TREND: UNEXPECTED WAYS TO WEAR FRAGRANCE

A spritz of a traditionol perfume or cologne isn't the only way to indulge in fragrance. Check out these new applications:

- Glide scent on your pulse points with the elegant roll-on pen of **Miracle**, a spicy-floral parfum gel fragrance by Lancôme ($60).
- The five notes that go into **Truth Calvin Klein** (bamboo, citrus, lilac, sapling and vanilla) are now available as individuol oil essences; weor a single note or layer a few for a one-of-a-kind blend ($30 set).
- Fans of **Donna Karan Cashmere Mist** will love the new fast-drying Body Oil Spray ($38). Apply after showering to soften and scent skin.
- Spritz your tresses with **Chanel No. 5 Hair Mist** ($25), the latest version of this classic also conditions hair and adds shine.





CELEB PICK Actress Chloe Sevigny is hardly ever seen without Vinnie—a true red lipstick from Delux ($18). Dramatic lipcolor lets Sevigny keep the rest of her makeup minimal, a modern twist on retro glamour. For stores, log on to *www.beauty.com*.



NO PROBLEM: Preventing puffy eyes

Try these solutions from NYC dermatologist Debra Jaliman, M.D., clinical instructor of dermatology ot Mt. Sinai School of Medicine.

1. Sleep on two pillows. Elevating your head prevents fluid from pooling under your eyes.

2. Don't go to bed wearing a rich eye cream. Any irritation from oils ond fragrance in the cream can contribute to puffiness.

3. Switch to a cooling eye gel, and apply it in the morning. Gels are lightly astringent, which helps to drain fluid from the under-eye area. Try: ROC Protient Actif Pur Eye Contour Gel ($20) and Robanda Advanced Retinol Vitamin A Eye Gel ($21; call 858-270-2190).



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making up

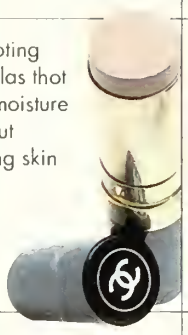
Want perfect skin? Fake it with foundation

By Carol Shaly

best for you

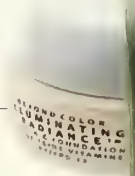
Whotever your problem—on oily T-zone, fine lines or dull, woshed-out skin, there's o foundotion to perfect ony complexion

skin-care need	Fresh, dewy look for normal to dry skin	Smoothing fine lines	Oil control	Long-lasting coverage for any skin type	Freshening a dull, lackluste complexion
look for	Hydroting farmulas thot odd moisture withaut leoving skin shiny	Anti-oging farmulos with ingredients thot scotter light (o trick that prevents shodows from emphasizing lines an the face) ond light-reflecting particles to brighten skin	Streok-praof powder foundatians with o light motte finish that wan't clog pores	Oil-free liquids farmulated ta be sheer yet long-wearing	Gel-based creoms or liquids with ontioxidonts, such o: vitomin C ond E, an batanicols ta even a skin tone
editor's picks	Clorins Hydroting Liquid Faundation ($32) with vitamins ond minerols to keep skin maist all day; Chonel Woterlights Sheer Makeup Stick ($37.50), o caaling cream made of 30 percent water	Moybelline Smooth Result Age Minimizing Mokeup SPF 18 ($9); Oloy Totol Effects Age-Defying Faundotion with VitoNiocin ($13.95)	L'Oréol Air Wear Breathoble Langweoring Pawder Faundatian ($11.95) with pigments that glide over skin; Revlan Wet/Dry Foundotion ($13.95)	Bobbi Brown Oil-Free Even Finish Faundotian SPF 15 ($35) with silica beods to minimize fine lines; Givenchy Beouté Teint Mirair Sotiné SPF 15 ($38) leoves o maist, not pawdery, finish	Avon Beyond Calar Illuminoting Radiance Vitamin C Faundatian SPF 12 ($11) with skin-brightening licorice extract; Almoy Woke-Up Call! Energizing Mokeup ($10.95) with SPF 15











Basics of base: how to apply

Whether you opt for o stick, liquid or powder formulo, you'll get flowless results every time with these tips from Hollywood makeup pro Robin Siegel, who keeps the cost of *Friends* looking so fobulous.

Stick foundation Glide on the foundation stroight from the stick; blend with fingertips or a dry, cleon mokeup sponge.

Liquid foundation Shake bottle well. Dot on, then blend with your fingertips; oils from your fingertips will help spreod the foundotion evenly.

Powder foundation Apply with o dry sponge; wet sponges con streak.

BLENDING 101

For complexion perfection, it's oll in the blending. Here, Siegel's secrets:

- Apply foundotion in center of forehead; blend ocross, then down.
- For cheeks, blend in toword nose, then out toward hoirline.
- Dot foundotion on tip of nose; blend with upward, then outward strokes.
- On your chin, blend foundotion across, then up.

HOW DO I FIND MY PERFECT MATCH? In your seorch for the most flottering shode, don't test foundotion on the back of your hand. The skin is thinner there and tends to be lighter thon your face. Whot you should do: Smooth o little on your jow, ond then blend it into your neck. With the right shade, you won't be oble to tell where the foundotion begins or ends.

DO YOU NEED POWDER OVER YOUR FOUNDATION? Not at oll if you use a powder foundotion. If you use o stick, pot on a little pressed powder in the T-zone. If you use a liquid or creom foundotion, press your powder puff oround the nose, then slightly outward toword cheeks.



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marching orders

Military goes mainstream in the coolest clothes to wear right now



WITH SIMPLE LINES and fabrics in go-with-everything khaki shades, military-inspired clothes give you a streamlined and structured look for spring and summer. The civilian take leaves the drab and boxy behind and adds fun, colorful accessories. Here, the basic training rules for wearing today's trendiest style:







With strategically placed potch pockets ond neutral tones, this shirt-and-skirt option is o stylishly subdued bockdrop for jozzed-up occessories. Shirt, Express ($39.50); bog, Ke-ri ot Drozok Studio ($45); skirt, New Frontier ($78); sunglosses, Nine West ($28); sondols, Donold J Pliner ($135).

A three-button khaki blazer mokes o denim skirt work-worthy and goes out ot night with o tee ond stroppy sondals. Jocket, Teenflo ($365); tee, Gop ($18.50); skirt, DKNY Jeons ($64); necklace, Von Aken ot Yvette Fry ($80); sondals, Som & Libby ($45).



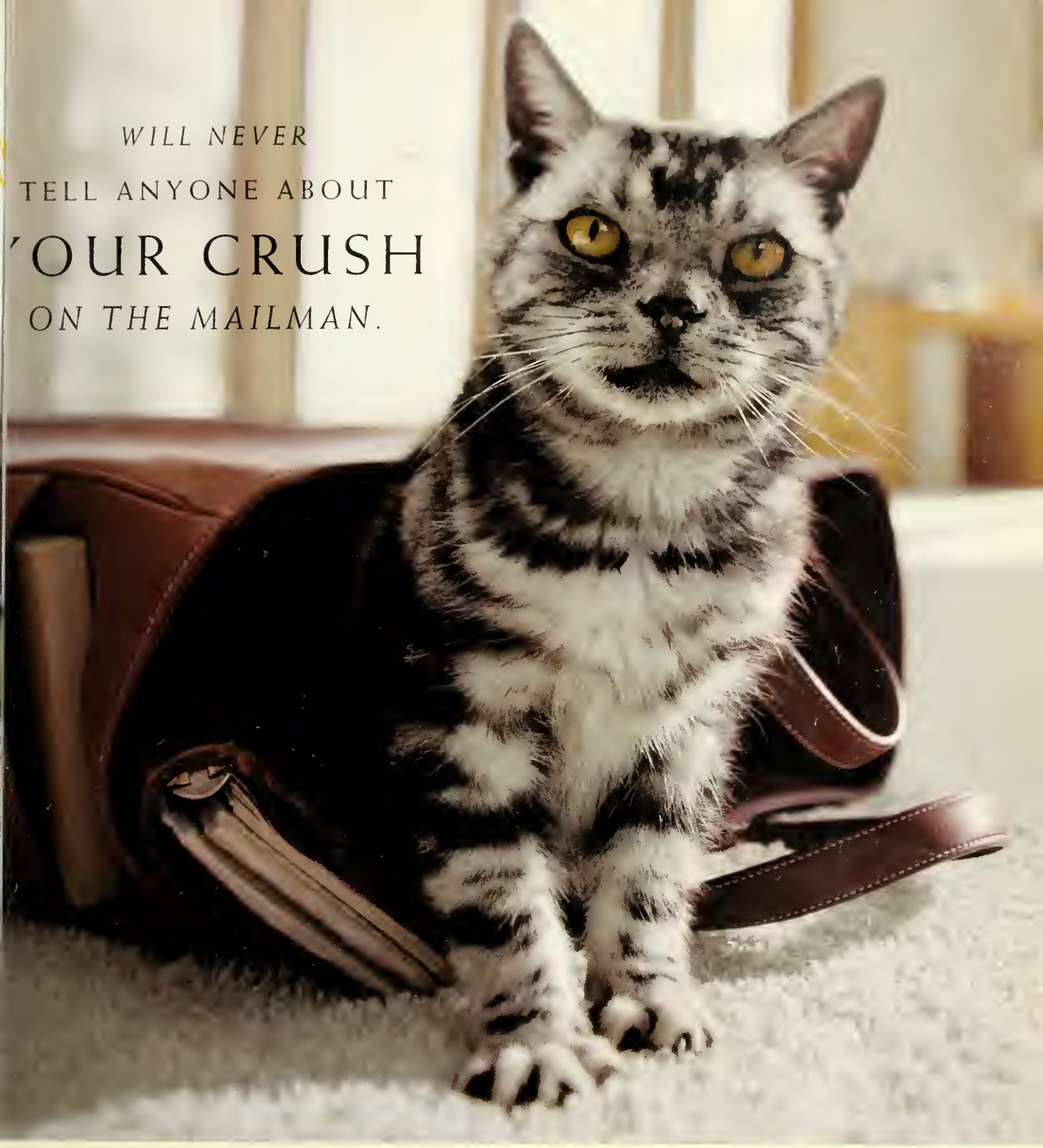
Traditional camouflage is o bit much for everydoy life, but these poler-print copris ore perfect AWOL—awoy on leisure—pants. Ponts, Old Navy ($24.50); tee, New York & Compony ($12.50); bag, Andrec Stuort ($105); sweater, Old Novy ($22.50); eorrings, Jockie Hurley ot Drozok Studio ($37.50); sondals, Sam & Libby ($45).

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In Trish's Closet

We can spot them a mile away—those women who always look great, on their terms. How do they do it? Here, one style-maker let us in on the secrets



Trish Grady's style puts the focus on fun accessories and unexpected colors

The contents of Trish Grady's closet—pair after pair of slingback pumps and strappy sandals—gives a clue to both her profession and her personal style passion. Shoes. They are, she says, her key to looking and feeling great. "No matter what your body type," she says, "you can wear great shoes and be glamorous. And really high heels are incredibly sexy." A freelance designer, Trish has been the creative force behind the Nina shoe line as well as a consultant for the Celine and Missoni collections. Now she's launching her own collection under the name Trish Carroll. We visited Trish at home, took a peek inside her closet and chatted about shoes and the style-making pieces that add up to a look all her own.



Right: Spectacular specs run a close second on Trish's list of favorite things, with shoes topping the list. Below: relaxing in a Valentino design; signature styles from her collection





elements of style

Trish's tips for building a wardrobe that works for you:

- **A very good place to start** "My fashion sense takes root in the places I have lived: I was raised in Wyoming, and so my style tends to combine elements of the West with the savvy and opulence of New York."
- **Fashion in the fast lane** "To put together a great look in just minutes, pick an accessory, such as a favorite pair of shoes, and build around it."
- **Stay true to you** "Think about what you like best about yourself and play that up. If you have beautiful bone structure, wear amazing, big sunglasses. If you have a small waist, put on a big wide belt.
- **Shopping strategy** "Buy mostly basics, but do include a surprise element—a leather jacket in a vibrant color or a top in a fun print—to add a little personality. Be aware of fashion, but know what's right for you."
- **What's right for Trish...** "A great pair of stilettos. My favorite Earl jeans. Glamorous sunglasses."



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–Doreen Stephens, Post Cereals







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The Healthy Skin Guide

May is Skin Cancer Prevention and Detection Month, so **Ladies' Home Journal** teamed up with the **American Cancer Society** and leading dermatologists for this exclusive eight-page report on the skin-care essentials that will keep your skin clear, smooth and healthy

INSIDE

Secrets of Dermatologists.....page 40
Skin-Cancer Breakthroughs.....page 48
Treating Adult Acne.....page 50
9 Habits to Make or Break for Perfect Skin.....page 52

For more skin-care advice and local resources, log on to www.lhj.com and www.cancer.org

Secrets of Dermatologists

Everyone looks forward to fun summer days outdoors, but we all know that time in the sun is not without consequences—sagging skin, deep lines and ugly brown splotches. But looking older than you are isn't the worst of it. Years of excessive and unprotected sun exposure can also lead to skin cancer. The good news is that it's not too late to protect your skin. We asked leading dermatologists for easy-to-employ tactics to help you outsmart the sun and diminish damage it's already done.

By Karyn Repinski



Shady business: To protect your face, the brim of your hat should be three to four inches wide. Wraparound sunglasses help prevent crow's-feet

Save-Your-Skin Strategies

What to do now to prevent future damage to your skin.

Choose a sunscreen with both UVA and UVB filters. This is key, since only products with this distinction give you enough protection against two types of ultraviolet light: UVB, the shorter, "burning" rays, are implicated in the development of skin cancers because they cause DNA changes that lead to uncontrolled growth of skin cells; and UVA, the longer-wave, so-called "aging" rays, may weaken immune-system cells of the skin and only recently have been recognized as a factor in the development of skin cancer. A sunscreen's SPF is based only on its ability to block sunburn. There are currently no standard requirements for describing UVA protection. However, all SPF 15 or higher sunscreens provide some protection against UVA; Parsol 1789 (also known as avobenzone), zinc oxide and titanium dioxide all protect—check labels. (One new formula that fits the bill: L'Oréal Ombrelle Extreme SPF 40, $8.99.)

Upgrade to an SPF 30 sunscree With studies showing that most of don't apply enough sunscreen to adequate protection, dermatologi now recommend switching from SPF 15 to an SPF 30—at least tween April and September wh the burning rays (UVB) are stronge What about facial moisturizers w SPF 15 and higher? While some fer adequate UVA protection—Ol Total Effects Moisturizing Compl with UV Protection *(continue*



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(continued) SPF 15 ($19.99) and SkinCeuticals Ultimate UV Defense SPF 30 ($34) are two choices—many do not. In that case, apply a separate SPF 30 facial sunscreen (oil-free gels are the least greasy), advises Nicholas Lowe, M.D., clinical professor of dermatology at UCLA School of Medicine and author of *Skin Secrets* (Sterling, 1999). Give sunscreen a good 20 minutes to bind with your skin before applying anything else. If you sweat off your sunscreen, stash a tube in your bag and reapply. And if you're beach-bound or playing sports, opt for a highly water-resistant formula.

Tune in to forgotten areas. Studies show that the nose is often missed when people apply sunscreen. No wonder it has one of the highest incidence rates of skin cancer. Backs of knees and tops of feet are two other forgotten zones, according to Susan Boiko, M.D., member of the American Cancer Society Skin Cancer Advisory Group. Other overlooked spots include the backs of hands—which often look older than the face as a result. One solution: Apply a hand cream with sunscreen every time you wash up.

Look for the sun-safe shades. Sunglasses that offer UVA/UVB protection are the best defense against such sun-related ophthalmic diseases as cataracts. You are especially vulnerable if you have blue or green eyes, cautions Mary Lupo, M.D., associate clinical professor of dermatology at Tulane University, in New Orleans. The safest styles are wraparounds that hug the curves of your face, since rays can sneak around the sides of glasses.

Wear makeup. "Foundation is formulated with titanium dioxide, a sunscreening ingredient. Smoothing it over sunscreen offers extra protection," says Deborah S. Sarnoff, M.D., a New York City–based dermatologist and author of *Beauty and the Beam* (St. Martin's Press, 1998). Lipstick also contains titanium dioxide, as well as sun-blocking pigments, which is why dermatologists believe they see skin cancers on women's lips less often—a good thing since lip cancers can be particularly aggressive.

Most of us don't apply enough sunscreen to adequately protect us

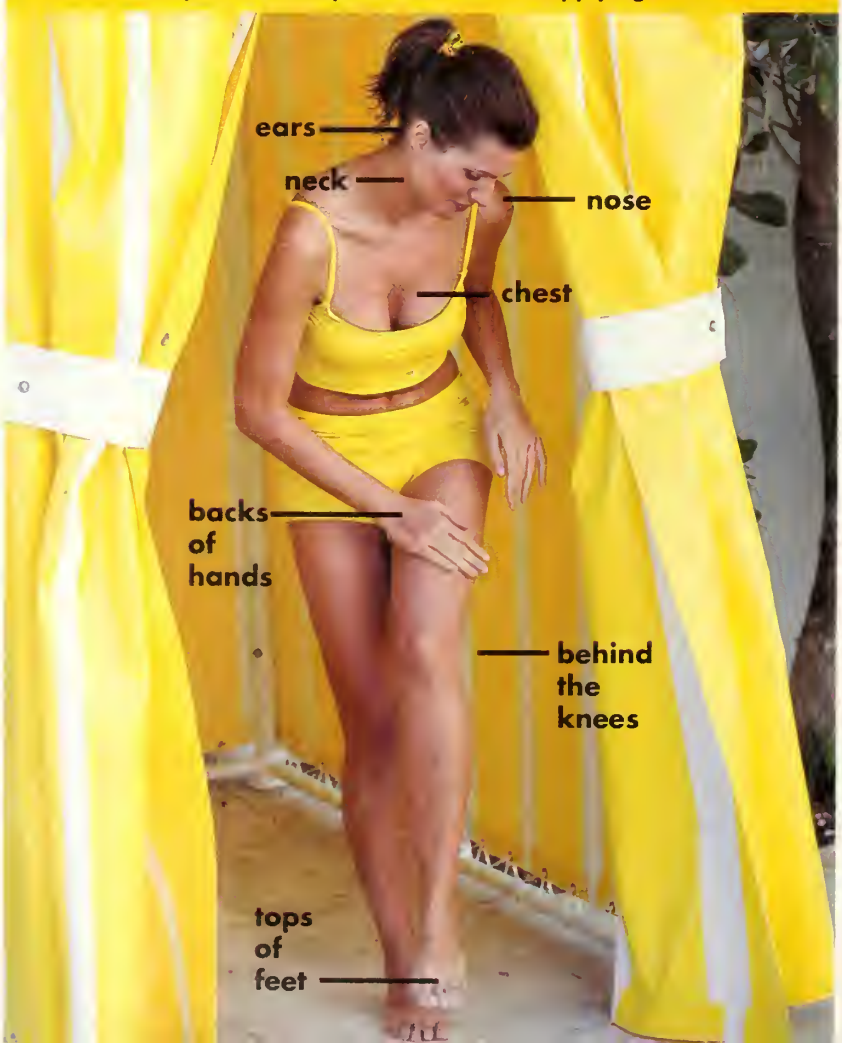
Dress defensively. Start by wearing a wide-brimmed hat, suggests Lupo. "Baseball caps protect the nose well, but expose the sides of the face." Consider, too, sun-protective clothing, such as those made by Sun-Precautions that provide SPF 30 and higher. You might already have clothes with high SPFs in your closet—loosely fitting, tightly woven apparel made of synthetic, or at least blended, fabrics. Darker colors also filter out more sun than lighter shades do. And just out this spring is Rit Sun Guard ($4.09), a laundry treatment that washes in sun protection of about SPF 30.

Walk on the shady side of the street. It's a simple strategy that proves effective over time. Though trees and buildings don't offer much protection against UVA, they do limit exposure to UVB.

(continued on page 46)

SEVEN MOST OVERLOOKED BODY PARTS

Don't skip these burn-prone zones when applying sunscreen





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Glucophage XR is not for everyone. In rare cases, Glucophage XR may cause lactic acidosis (buildup of lactic acid in the blood) which is serious and can be fatal in half the cases. This occurs mainly in people whose kidneys are not functioning properly. Tell your doctor about your alcohol use because it can affect your risk. You should not take this drug if you: have kidney problems, are 80 or older (unless your kidneys are tested), are taking medication for heart failure, are seriously dehydrated, have a severe infection, or have or have had liver disease. The most common side effect is diarrhea.

Please see additional important patient information on the next page.

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PATIENT INFORMATION

GLUCOPHAGE®

(metformin hydrochloride tablets)

and

GLUCOPHAGE® XR

(metformin hydrochloride extended-release tablets)

Read this information carefully before you start taking this medicine and each time you refill your prescription. There may be new information. This information does not take the place of your doctor's advice. Ask your doctor or pharmacist if you do not understand some of this information or if you want to know more about this medicine.

What are GLUCOPHAGE and GLUCOPHAGE XR?

GLUCOPHAGE and GLUCOPHAGE XR are used to treat type 2 diabetes. This is also known as non-insulin-dependent diabetes mellitus. People with type 2 diabetes are not able to make enough insulin or respond normally to the insulin their bodies make. When this happens, sugar (glucose) builds up in the blood. This can lead to serious medical problems including kidney damage, amputations, and blindness. Diabetes is also closely linked to heart disease. The main goal of treating diabetes is to lower your blood sugar to a normal level.

High blood sugar can be lowered by diet and exercise, by a number of medicines taken by mouth, and by insulin shots. Before you take GLUCOPHAGE or GLUCOPHAGE XR, try to control your diabetes by exercise and weight loss. While you take your diabetes medicine, continue to exercise and follow the diet advised for your diabetes. No matter what your recommended diabetes management plan is, studies have shown that maintaining good blood sugar control can prevent or delay complications of diabetes, such as blindness.

GLUCOPHAGE and GLUCOPHAGE XR have the same active ingredient. However, GLUCOPHAGE XR works longer in your body. Both of these medicines help control your blood sugar in a number of ways. These include helping your body respond better to the insulin it makes naturally, decreasing the amount of sugar your liver makes, and decreasing the amount of sugar your intestines absorb. GLUCOPHAGE and GLUCOPHAGE XR do not cause your body to make more insulin. Because of this, when taken alone, they rarely cause hypoglycemia (low blood sugar), and usually do not cause weight gain. However, when they are taken with a sulfonylurea or with insulin, hypoglycemia is more likely to occur, as is weight gain.

WARNING: A small number of people who have taken GLUCOPHAGE have developed a serious condition called lactic acidosis. Lactic acidosis is caused by a buildup of lactic acid in the blood. This happens more often in people with kidney problems. Most people with kidney problems should not take GLUCOPHAGE or GLUCOPHAGE XR. (See "What are the side effects of GLUCOPHAGE and GLUCOPHAGE XR?")

Who should not take GLUCOPHAGE or GLUCOPHAGE XR?

Some conditions increase your chance of getting lactic acidosis, or cause other problems if you take either of these medicines. Most of the conditions listed below can increase your chance of getting lactic acidosis.

Do not take GLUCOPHAGE or GLUCOPHAGE XR if you:

- have kidney problems
- have liver problems
- have heart failure that is treated with medicines, such as Lanoxin® (digoxin) or Lasix® (furosemide)
- drink a lot of alcohol. This means you binge drink for short periods or drink all the time
- are seriously dehydrated (have lost a lot of water from your body)
- are going to have an x-ray procedure with injection of dyes (contrast agents)
- are going to have surgery
- develop a serious condition, such as heart attack, severe infection, or a stroke
- are 80 years or older and you have NOT had your kidney function tested

Tell your doctor if you are pregnant or plan to become pregnant. GLUCOPHAGE and GLUCOPHAGE XR may not be right for you. Talk with your doctor about your choices. You should also discuss your choices with your doctor if you are nursing a child.

Can GLUCOPHAGE or GLUCOPHAGE XR be used in children?

GLUCOPHAGE has been shown to effectively lower glucose levels in children (ages 10 to 16 years) with type 2 diabetes. GLUCOPHAGE has not been studied in children younger than 10 years old. GLUCOPHAGE has not been studied in combination with other oral glucose-control medicines or insulin in children. If you have any questions about the use of GLUCOPHAGE in children, talk with your doctor or other healthcare provider.

GLUCOPHAGE XR has not been studied in children.

How should I take GLUCOPHAGE or GLUCOPHAGE XR?

Your doctor will tell you how much medicine to take and when to take it. You will probably start out with a low dose of the medicine. Your doctor may slowly increase your dose until your blood sugar is better controlled. You should take GLUCOPHAGE or GLUCOPHAGE XR with meals.

Your doctor may have you take other medicines along with GLUCO GLUCOPHAGE XR to control your blood sugar. These medicines may in shots. Taking GLUCOPHAGE or GLUCOPHAGE XR with insulin may hel control your blood sugar while reducing the insulin dose.

Continue your exercise and diet program and test your blood sugar re taking GLUCOPHAGE or GLUCOPHAGE XR. Your doctor will monitor your may perform blood tests on you from time to time to make sure your kidne liver are functioning normally. There is no evidence that GLUCO GLUCOPHAGE XR causes harm to the liver or kidneys.

Tell your doctor if you

- have an illness that causes severe vomiting, diarrhea or fever, or if you lower amount of liquid than normal. These conditions can lead to sev tion (loss of water in your body). You may need to stop taking GLUC GLUCOPHAGE XR for a short time.
- plan to have surgery or an x-ray procedure with injection of dye (con You may need to stop taking GLUCOPHAGE (metformin hydrochlorid GLUCOPHAGE XR (metformin hydrochloride extended-release tablets time.
- start to take other medicines or change how you take a medicine. GL and GLUCOPHAGE XR can affect how well other drugs work, and sor affect how well GLUCOPHAGE and GLUCOPHAGE XR work. Some me cause high blood sugar.

What should I avoid while taking GLUCOPHAGE or GLUCOPHAGE XR?

Do not drink a lot of alcoholic drinks while taking GLUCOPHAGE or GLUCO This means you should not binge drink for short periods, and you should n of alcohol on a regular basis. Alcohol can increase the chance of getting lac

What are the side effects of GLUCOPHAGE and GLUCOPHAGE XR?

Lactic Acidosis. **In rare cases, GLUCOPHAGE and GLUCOPHAGE XR c serious side effect called lactic acidosis. This is caused by a buildup o in your blood. This build-up can cause serious damage.** Lactic acidosi GLUCOPHAGE (metformin hydrochloride tablets) and GLUCOPHAGE XR hydrochloride extended-release tablets) is rare and has occurred mostly in p kidneys were not working normally. Lactic acidosis has been reported in a 33,000 patients taking GLUCOPHAGE over the course of a year. Although acidosis does occur, it can be fatal in up to half the people who develop it.

It is also important for your liver to be working normally when you take GL or GLUCOPHAGE XR. Your liver helps remove lactic acid from your blood.

Make sure you tell your doctor before you use GLUCOPHAGE or GLUCOF you have kidney or liver problems. You should also **stop using GLUC GLUCOPHAGE XR and call your doctor right away if you have signs o dosis. Lactic acidosis is a medical emergency that must be treated in**

Signs of lactic acidosis are:

- feeling very weak, tired, or uncomfortable
- unusual muscle pain
- trouble breathing
- unusual or unexpected stomach discomfort
- feeling cold
- feeling dizzy or lightheaded
- suddenly developing a slow or irregular heartbeat

If your medical condition suddenly changes, stop taking GLUC GLUCOPHAGE XR and call your doctor right away. This may be a sign of sis or another serious side effect.

Other Side Effects. Common side effects of GLUCOPHAGE and GLUC include diarrhea, nausea, and upset stomach. These side effects generally g you take the medicine for a while. Taking your medicine with meals can these side effects. Tell your doctor if the side effects bother you a lot, last fo a few weeks, come back after they've gone away, or start later in therapy. Yo a lower dose or need to stop taking the medicine for a short period or for g

About 3 out of every 100 people who take GLUCOPHAGE or GLUCOPHA an unpleasant metallic taste when they start taking the medicine. It lasts for a

GLUCOPHAGE and GLUCOPHAGE XR rarely cause hypoglycemia (low blo themselves. However, hypoglycemia can happen if you do not eat enough, alcohol, or if you take other medicines to lower blood sugar.

General advice about prescription medicines

If you have questions or problems, talk with your doctor or other healthca You can ask your doctor or pharmacist for the information about GLUCO GLUCOPHAGE XR that is written for health care professionals. Medicines times prescribed for purposes other than those listed in a patient informatio not use GLUCOPHAGE or GLUCOPHAGE XR for a condition for which it w scribed. Do not share your medicine with other people.

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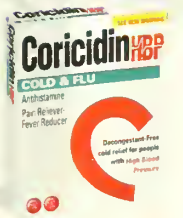
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Damage Control: A Five-Step Plan

To revitalize skin that's suffered the ill effects of sun exposure, revamp your skin-care routine with these strategies.

Make daily sun protection a habit. Studies show thot if you opply sunscreen every day, your skin will begin to repair itself. And until you've cleaned up your sun-protection oct, trying to reverse the domoge is like spinning your wheels. "Because UVA roys are out in full force all year long, even small doses of sunlight, like those you get by stepping outside to run an errand, con undermine your effort to repair photodamage," explains Helene R. Rosenzweig, M.D., assistant clinical professor of dermatology at UCLA School of Medicine. And if you think you're safe in the car, think again. Though windshields do protect ogainst a significant omount of UVA and UVB rays, none of the other cor windows filter UVA, unless they're speciolly treoted.

Add a retinoid to your skin-care routine. Retinoids, the anti-aging forms of vitomin A, work by normalizing the rote of skin-cell production. Benefits appear after o month of use. Expect to feel softer skin ond see fewer fine lines, less blotchiness ond smoller pores. Dermatologists often recommend Renovo, o prescription formula ($60 for a six-month supply). For patients who have minimol sun damage or don't want to put up with the irritation you can get from Renovo, they suggest retinols, a milder, slower-acting version of vitamin A available over-the-counter. Note: Becouse Renovo works by thinning the top loyer of the skin, it can leove skin more susceptible to burning—moking sunscreen critical. If you want to join the A team and you have sensitive skin, start by using an OTC retinol, such as Neutrogena Healthy Skin Anti-Wrinkle Cream ($12.99) or L'Oréol Line Eroser ($15), every third day ond work up to o doily applicotion of Renova.

Feed your face with vitamin C. Vitomin C lotions help to fode brown spots by suppressing the production of the skin pigment melanin. In some users, it moy boost collogen levels, helping to soften fine lines. (Unfortunately, there's no woy to predict who will see C's anti-aging effects; Lupo odvises giving o vitamin C product a 30-day trial.) Try: Cellex-C High Potency Serum ($85) and Guinot Paris Newlight Lightening Lotion ($27). You can, however, count on vitamin C to neutrolize free radicals, the unstoble, skin-sabotoging molecules triggered by sun exposure. So weor vitamin C under your sunscreen. Some new creams combine vitamin C with sunscreen. Two to try: Revlon Vitamin C Absolutes Doily Radiance Cream SPF 15 ($14.95) ond Lustra AF SPF 15 ($57; availoble by prescription) with hydroquinone (to even skin tone), vitamin C, glycolic ocid ond Parsol 1789.

Mine the benefits of copper. Turns out there *is* something you con do about sagging. The newest anti-ager is o patented ingredient called copper peptide. Recent research has found that this minerol is a powerful antioxidant that moy stimulate production of collagen and elastin, the fibers that keep skin firm and supple. Check out Osmotics Blue Copper Firming Elasticity Repair Cream ($55) and Neutrogena Visibly Firm Night Cream ($20).

Put the pucker back in your lips. Thinner lips are a sign of sun-induced collagen loss. Collogen injections are not beneficial to health. Rather, slick on a lip plumper. Products such as Paula Dorf Perfect Illusion ($20; call 888-472-8523) fill out your pout by attrocting and holding woter. Results last anywhere from a few hours to a full day.

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Skin-Cancer Breakthroughs

Revolutionary treatments may soon help cure the fastest-growing kind of cancer

By Christine Many

Combine a thinning ozone layer with a sun-loving population reluctant to give up its ways, and it's no surprise that melanoma—the deadliest form of skin cancer—is on the rise in the U.S. Though education and prevention have helped keep virtually all other cancers in check, the incidence of melanoma has significantly increased from 1990 to 1996, and has been climbing 4 percent per year since the early 1970s. That means that skin cancer is the fastest-growing type in the U.S. The American Cancer Society (ACS) estimates that 51,400 new cases of melanoma will be diagnosed in 2001.

If detected early, melanoma can be cured. But it can be deadly if it spreads to other parts of the body, when 5-year survival rates plummet to just 13 percent. Until recently, patients with advanced melanoma had few treatment options. "The standard therapies work in only a small number of people," says Svetomir N. Markovic, M.D., Ph.D., assistant professor of hematology/oncology at the Mayo Clinic, in Rochester, Minnesota. "These new drugs can be easier to take and may offer some hope of better outcomes." Although FDA approval may be years away, these treatments are available to cancer patients through clinical trials. (For more information, go to *www.clinicaltrials.gov* or *www.centerwatch.com*.)

Testing skin-cancer vaccines

Unlike traditional vaccines that prevent diseases such as polio, cancer vaccines are a therapy given *after* a person is diagnosed. "The hope is that the vaccine will spark the immune system to target and destroy cancer cells," says Donald L. Morton, M.D., medical director of the John Wayne Cancer Institute, in Santa Monica, California, and one of the pioneers in cancer-vaccine research. About 30 melanoma vaccines are being tested in clinical trials nationwide. So far, the vaccines have only helped shrink smaller tumors and prevent recurrence in some patients, but they may be a powerful addition to surgery or chemotherapy with minimal side effects. "Patients can continue working and spending time with their families," says Markovic. Early research has shown that CancerVax, one of the most promising melanoma vaccines, more than doubled survival rates for late-stage melanoma patients.



SIZE MATTERS Most moles are ⅛ to ¼ inch. If you have one larger than ¼ inch, see your doctor

Clinton's Cancer



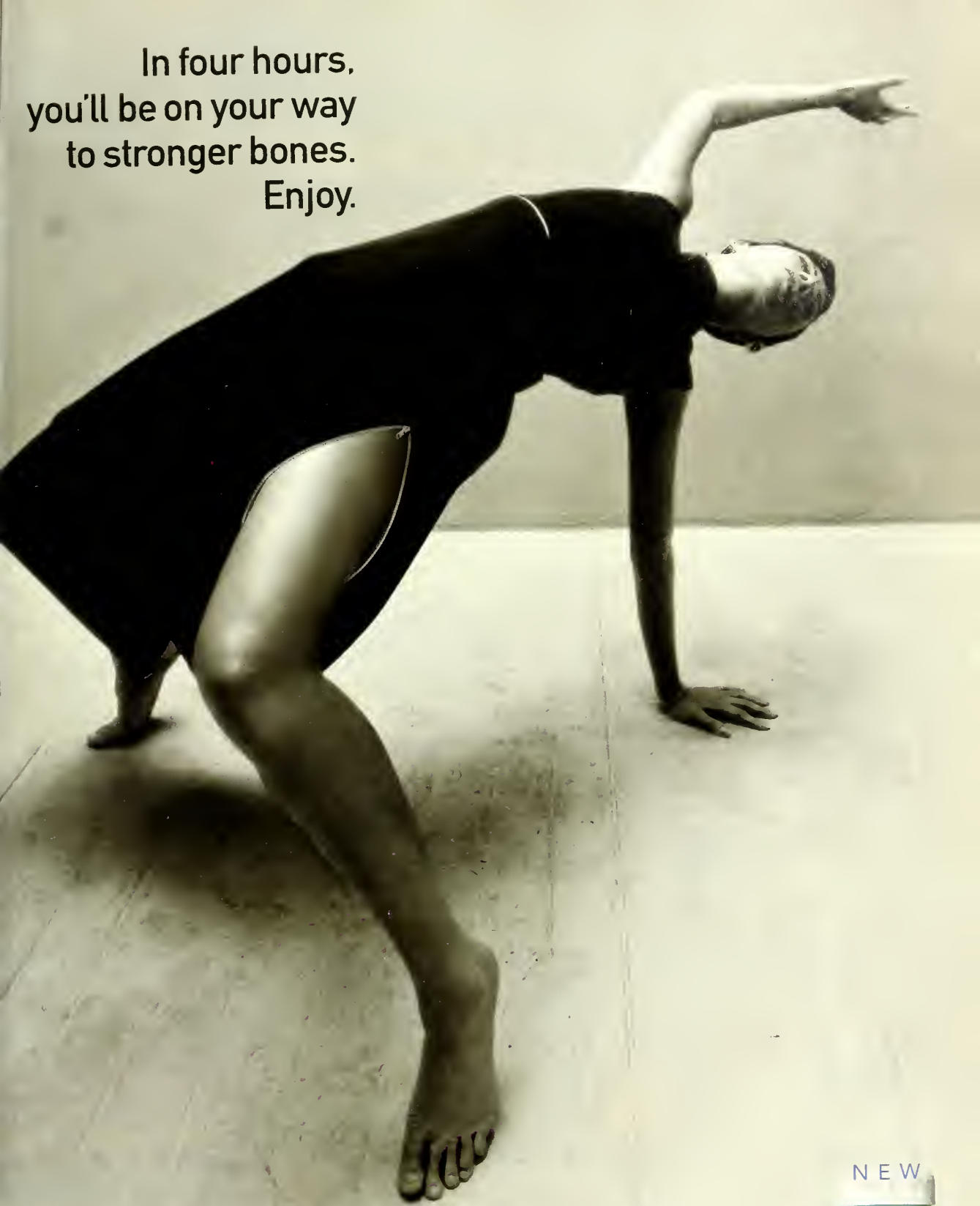
Politics as usual had to take a brief hiatus when former President Clinton was diagnosed with and treated for basal cell carcinoma earlier this year. Compared to melanoma, basal cell carcinoma, which accounts for 75 percent of skin cancers, rarely spreads and is therefore far less likely to be fatal. But it can invade nearby tissues, which can cause serious damage. Treatment usually includes burning and scraping the lesion away.

The simplest way to lower your risk is to protect your skin from the sun. Apply sunscreen with an SPF of at least 15 every day to areas that are often exposed and wear protective clothing.

Clinton isn't off the hook: It's common for basal cell carcinoma to recur or for new cancers to develop, which is why anyone with a history of skin cancer needs an annual skin check from a dermatologist. —*Wendy Naugle*

Advances in gene therapy

Now in phase-III clinical trials, a gene-based therapy drug called Allovectin-7 allows the patient's immune system to recognize and attack the melanoma. Earlier studies found that the drug shrank tumors by 50 percent or more in 10 percent of patients and stabilized tumors in another 15 percent of patients. While the drug isn't a magic bullet, it may provide hope to people for whom other treatments have failed. Another gene-therapy drug, Genasense, makes chemotherapy more effective. Preliminary studies found that Genasense helped shrink tumors in 43 percent of patients, some of whom had tried other treatments without success. If approved, it could be on the market as early as summer 2002. ■



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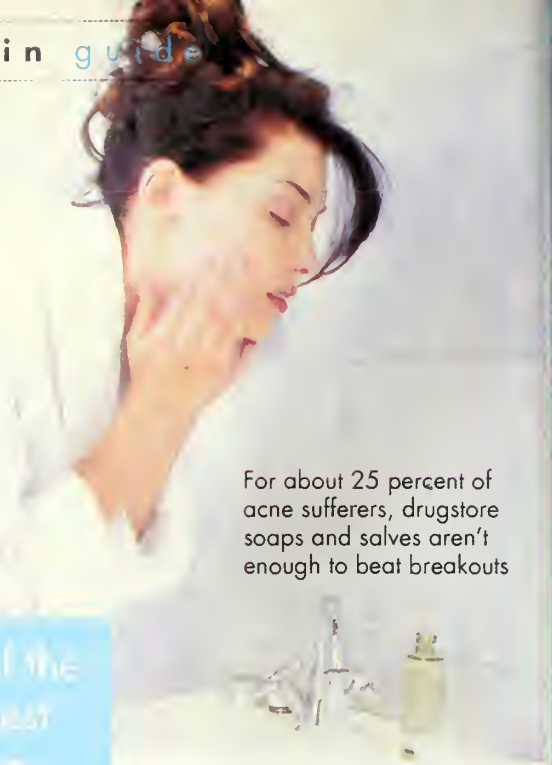
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Treating Adult Acne

It's baaaack! Just when you thought you were too old for acne, your face has started breaking out like a teenager's. With a little help, you can have flawless skin



For about 25 percent of acne sufferers, drugstore soaps and salves aren't enough to beat breakouts

More than 50 percent of women age 25 to 58 have some type of acne—and all the angst that comes with it. And if you've bought an arsenal of drugstore pimple creams—and still have pimples to show for it—join the club. "For about one in four patients, adult acne doesn't resolve with just over-the-counter treatments," says M. Alan Menter, M.D., chief of dermatology at Baylor Medical Center, in Dallas.

Pimples are basically clogged pores that become swollen and inflamed due to bacterial growth. But unlike the blackheads you had as a teen, adult acne typically comes in the form of hard, painful knots called cysts near the mouth, temples and jawline. Cystic acne can leave dark spots or scars easily, so chronic sufferers should see a dermatologist. How can you beat breakouts? Start by addressing these hidden causes:

Hormonal fluctuations

Experts don't know why, but oil glands are more sensitive to hormonal shifts during your 20s and 30s. These fluctuations are the most common cause of adult acne.

Blemish buster: Birth control pills can help keep hormones steady, and may be enough to help reduce blemishes. For stubborn breakouts that don't respond to the Pill alone, topical creams or gels that contain retinoids (vitamin A derivatives), such as Retin-A, can also unclog pores in mild to moderate cases. For more severe cases, topical antibiotics, such as erythromycin and clindamycin, or oral antibiotics, such as tetracycline, work to reduce inflammation. (If you're pregnant, it's not safe to use these medications.) When other treatments have failed, your dermatologist may prescribe Accutane (isotretinoin). It is extremely effective, but carries some serious risks. Because Accutane can cause severe birth defects, you'll be required to use two types of contraceptives while taking it.

One of the biggest acne triggers for women in their thirties is stress

Stress

"One of the biggest acne triggers for women in their thirties is stress," says Stephen Webster, M.D., clinical professor of dermatology at the University of Minnesota School of Medicine, in Minneapolis. Stress causes the body to release cortisol, which spurs the production of hormones that overstimulate oil glands. "It becomes a cycle: You're under pressure, which triggers acne, which then makes you feel more stressed."

Blemish buster: Try some basic stress-relief techniques: Make sure you're eating right, getting enough sleep and exercising regularly. If you keep up these healthy habits for a month or two and still don't see any results, talk to a dermatologist about a prescription acne remedy.

Daily habits

"Nature gave us six hundred oil glands per cubic centimeter on our noses, four hundred on our cheeks and twenty on our arms," says Marianne O'Donoghue, M.D., associate professor of dermatology, Rush Presbyterian–St. Luke Medical Center, in Chicago. Yet we use more products (which can clog pores and trigger breakouts) on our faces than any other body part.

Blemish buster: Use only noncomedogenic (non-acne-causing) cosmetics, and make sure your moisturizer is oil-free. And try to avoid touching your face or resting your chin on your hands—doing so can add dirt and bacteria to the areas most inflamed by adult acne and may further clog pores. ■

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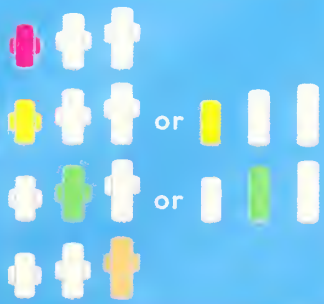
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9 habits to make or break for perfect skin

Face Facts If you want your skin to be on its best behavior, you need to clean up your act and follow a few rules. Here, the dos and don'ts that will give you the clear, glowing complexion you've always wanted By Mary-Ellen Banashek

1. Don't overdo cosmeceuticals. With more and more beauty potions containing alpha-hydroxy acids (AHAs), salicylic acids, antioxidants and retinoids, mixing a cleanser from one line with a scrub or daytime moisturizer from another, then a night cream from yet another, can lead to over-exfoliation and irritation, says Deborah S. Sarnoff, M.D., associate clinical professor of dermatology at the New York University School of Medicine, in New York City. This can add up to a real problem, especially for women with olive and darker complexions, who are more prone to discoloration when their skin is irritated. To play it really safe, stick with one line of products, which are formulated to work together. If you use any prescription products, such as Renova, ask your dermatologist to advise you on how to combine prescription treatments with over-the-counter cosmeceutical products.

2. Shake your booty. Twenty to 30 minutes of any aerobic exercise will give you a glow. Exercise increases blood flow, which brings more nutrients to the skin, says Sarnoff. But beware—the buildup of oil and perspiration can result in sweat-band acne, folliculitis and prickly heat. The solution: Shower as soon as possible after working out.

3. Don't get intimate with the phone. Constant rubbing on the mouthpiece may lead to rashes around the chin and mouth, says Alexa Boyer Kimball, M.D., M.P.H., assistant professor of dermatology at Stanford University Medical Center, in Palo Alto. Hold the phone away from those areas when talking, and clean it often with a mild soapy solution or rubbing alcohol.

4. Check your birthday suit for spots. Any sudden or suspicious-looking bump, mole or other growth is reason to see a dermatologist. But as skin-cancer rates rise, having a full body check by a professional is crucial—especially for those of us in the baby-oil-and-iodine, pre-sunscreen generation. "People in a high-risk group—having a personal or family history of skin cancer, a lot of moles, fair skin, and/or light eyes or hair—may need regular checkups starting in their teens, and probably no later than age thirty-five," says Randall K. Roenigk, M.D., professor and chairman of the department of dermatology at the Mayo Clinic, in Rochester, Minnesota. Even if you're not in a high-risk group, the American Cancer Society recommends that between the ages of 20 and 40, people have a cancer-related checkup, including a skin exam, every three to four *(continued)*

Celebrity Skin-Care Secrets

Even if your favorite star was born with a flawless complexion, she has a few tricks that help keep it that way



Holly Robinson Peete, co-star of *Soul Food*
Fresh thyme is the key to Robinson Peete's fresh look. Once a month, she steams her face with the herb, said to be cleansing and relaxing. She boils a few sprigs in water, pours the steaming water into a bowl, then tents a towel over her head, allowing the steam to bathe her face for just a few minutes.



Stephanie Romanov, co-star of *Angel*
Romanov babies her face with all-natural formulas from Phyto-Mer. And because she has sensitive skin, she always checks labels to make sure her skin-care products do not contain perfumes or dyes.



Rebecca Romijn-Stamos, actress
Romijn-Stamos' girl-next-door good looks get a boost from Yon-Ka Cleansing Gel ($27), a gentle formula for oily-to-combination skin.



Stephanie Seymour, supermodel
Seymour keeps her complexion blemish-free with Proactiv Oil-Free Moisture SPF 15. It leaves her skin silky, but doesn't clog her pores. To order, call 800-950-4695. —C.S.

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(continued) years. Once you hit your 40s, begin having a cancer-related checkup, including a skin exam, every year. You should also be doing monthly self-exams to keep an eye out for changes and growths. (For step-by-step instructions on how to do a head-to-toe self-exam, call the American Cancer Society at 800-227-2345; ask for a free copy of their brochure, "What You Should Know About Melanoma." Or visit *www.cancer.org*.)

5. Eat healthy. Antioxidants—vitamins A, C and E—which help reduce sun damage and fight certain cancers, including skin cancer, are essential to your health, says Wilma F. Bergfeld, M.D., director of clinical research, department of dermatology at the Cleveland Clinic. She recommends a well-balanced diet filled with at least five servings a day of fruits and vegetables, plus a multivitamin that meets RDA standards.

6. Don't wear your makeup to bed. We all know it, but we sometimes do it anyway. "Layers of foundation, powder and blusher left on overnight can clog pores and lead to acne or folliculitis," warns Sarnoff. Take it all off before bed with a mild non-soap cleanser. But don't waste your money on a cleanser with glycolic acid or AHAs: "It's not on your face long enough to absorb into the skin," says Sarnoff. "These ingredients are more effective in your moisturizer."

7. Hands off those zits. Poking, prodding and popping can prolong a pimple's life and make the problem worse. Scarring and the spread of infection are two possible consequences. To speed up healing, cleanse your face, then apply a warm compress, such as a clean, damp washcloth. Next, dab on an over-the-counter cream or lotion containing a drying agent, such as salicylic acid, sulfur or benzoyl peroxide.



For a thorough skin self-exam, let y partner check hard-to-see areas

8. Get your shut-eye. Most of don't get the eight to nine hours need to avoid sleep deprivation. There haven't been any conclusi studies on how being tired affect skin, says Alexa Boyer Kimball, but the effects aren't hard to detect—namely, undereye circles The solution: Budget in sleep tin including a short afternoon nap whenever you can manage it. The down side: Sleeping in the same position for years on end can lea to wrinkles. Look for special pillows that help prevent sleep creases on your face. One to try: PillowPositive ($129; to order, call 877-753-3711).

9. Adopt "water, water, every day" as your mantra. "Yes, drinking water does keep you hydrated, which helps skin look a feel better," says Bergfeld. Get in the standard 6 to 8 eight-ounce glasses throughout the day—more if you're a heavy exerciser. Bergfeld also warns that many of the new sugar substitutes are dehydrating, so drink more water you're into low-cal liquids. ■

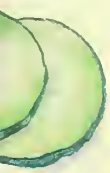
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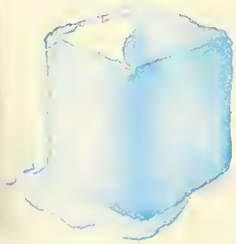


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"Our son is gay"

The startling news made Elizabeth and Michael realize just how little they really knew their teenager—and each other

By Margery D. Rosen

Elizabeth's Turn

"We just found out that our only child, Kevin, is gay," said 41-year-old Elizabeth, a vice president at a large commercial bank. "To say I was shocked is an understatement. Kevin is 19, and he and I have always been close. I thought I knew him, but I swear I had no idea.

"I'm far too distraught to talk to my friends or family, and I can't even talk to my husband about this. Michael and I have been married for 23 years, but not happily. He has never paid much attention to my needs, and we've never been able to talk in depth about anything.



"When Kevin came home for winter break his freshman year of college, he told us he didn't want to go back to school. Naturally, we were upset—we sacrificed a lot so he could go to a fine Ivy League university—and the atmosphere became tense. Then one night when Kevin and I were alone, he approached me and said, 'Mom, I need to tell you something. . . . I'm gay.'

"At first, I thought he was joking. Kevin had never given us any hint. He'd dated girls in high school. Yet his tears told me he was serious. He had suspected the truth for some time, but hadn't wanted to admit it to himself or to us until he found the courage to come out in college. He was ostracized by some of his classmates, and he wanted to escape that environment.

"Both of us were afraid that Michael would disapprove so much that he might even disown Kevin. So I waited about a month before I finally broke the news to my husband, who, to my surprise, wept.

"Michael and I are arguing about everything now. We don't know how to act around our own son, and we're afraid for his health and safety. How can we protect him from gay-bashers? And how can we be sure he'll make good choices about the men he dates? What if he's exposed to HIV?

"I hate being surrounded by so much unhappiness and tension, but then again, that's the way I've lived for most of my life. My childhood was far from idyllic. My dad died suddenly when I was 3, and my mother, feeling alone and overwhelmed, sent me to live with my grandparents while she raised my older sister. Eventually, she remarried and had two more kids. When I was 12, my mother let me move back in with her—mainly so I could baby-sit her children after school while she and my stepfather were at work.

"Playing surrogate parent occupied most of my waking hours, but I still managed to graduate from high school at 16. Mother made me enroll in college near our home in Birmingham, Alabama, so I could continue to care for my half siblings at home. The good part was that staying in town gave me the chance to meet Michael through mutual friends; he'd just graduated from law school and was already working for the international company where he's been employed ever since.

"Almost from the beginning, I've felt that Michael puts his job before his family. Michael's intense schedule left little room for parenting. When he could, he'd take Kevin to a ball game or out for a pizza, *(continued)*


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[illegible] but they didn't have a lot of close father-son interaction. Michael still works late hours and goes on business trips frequently, so we don't have much time to spend together. But every time I've tried to tell him how I feel, he gets angry, we argue and he storms out of the room. Sometimes my frustration boils over and I explode about silly things.

"Michael's employer has transferred him five times, which means our lives have been uprooted again and again. Our move to San Francisco four years ago was the most difficult. I had trouble landing a job at first, and the cost of housing, Kevin's private school and college savings stretched us thin and increased our unhappiness at home.

"Kevin attends a local university now. I love him with all my heart, and always will, but it's still hard to adjust. I'm disappointed that I'll never have a daughter-in-law and that I may never have grandchildren unless Kevin decides to adopt. And while I know that we didn't 'make' him gay, there's still a part of me that feels that I was somehow responsible.

"Trying to cope has put more strain on our marriage. My son and husband hardly ever talk to each other, so I'm their go-between. Recently, Kevin brought a boyfriend over to meet us. It was an awful night. Michael wouldn't acknowledge the young man at all, and even I felt awkward.

"Michael and I need to be able to communicate now more than ever. If we can't even share what's on our minds, what's the point of being married?"

> "I'm upset that my wife and son were afraid to talk to me," said Michael

Michael's Turn

"I'd be less than honest if I said I wasn't very shaken by Kevin's news," said Michael, 46, a tall, soft-spoken man. "But while I was stunned to learn that he's gay, I'm more upset that both he and my wife thought I was such an ogre that they were afraid to tell me.

"I love Elizabeth, and I can't believe she carried this secret for weeks. I feel terrible that she was in so much pain and didn't think she could trust me to be there for her when she needed me most.

"And I'm shocked that Kevin was afraid I would condemn him. I don't hate gay people, and I don't think homosexuality is a sin; I thought he knew that.

"Still, I'm struggling, and I didn't know what to say at first. It's no less difficult now that Kevin is back home with us. He brought a friend over one time, but I felt too uncomfortable to do more than say hello. I guess I'm still getting used to seeing this new side of my son.

"Elizabeth keeps saying I don't share anything with her. Well, I'm a private person and not very emotional, and she's always on my case about that. She's relentless—'Why are you so quiet? Can't you talk to me?'—when I've said all there is to say. I don't think Elizabeth knows how tyrannical she can be. She makes all the decisions, from what movie to rent to whom we'll meet for dinner on Saturday night. These days, the slightest thing will set her off.

"Still, Elizabeth is right when she says that we get even more tense when our finances are tight. I worry a lot about money, and no wonder: I was one of six kids in a very poor family. My dad worked 12 hours a day in a factory, and when I was about 8, my mom got a job as a hospital aide. I wasn't close to either of my parents, but I know they were mostly concerned with getting food on the table. Everything else, like affection and family time, was a luxury. I had to learn to fend for myself.

"I've just been trying to provide for my family as best as I can. I know it hasn't been easy relocating so often, but it was necessary in order for me to get promotions and salary increases. Still, I didn't realize Elizabeth was quite as upset about the moves as she says she is. The one thing I am most sorry for is not having much time to be with my son. Maybe if I'd been home more often, I'd have realized what Kevin was going through, and he would have been able to talk to me.

"I feel terrible that I haven't been there for my wife and son. I'd like to change that, but I don't know how."

The Counselor's Turn

"This case illustrates how a crisis can shine a spotlight on a marriage, revealing other long-unresolved problems," said the therapist. "Kevin's announcement forced Elizabeth and Michael to acknowledge that not only were they unable to talk about this difficult issue, they'd never been able to communicate honestly about anything.

"Although Elizabeth was quick to blame Michael for this, her behavior actually played a large part in their problems. She was critical, harsh and often explosive, which was intolerable for a man like Michael, who in the best of circumstances had a difficult time opening up to anyone. Her interrogations and attacks *(continued)*



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forced him to flee even further away from her.

"Under the surface, Elizabeth was a well of hurt and resentment that traced directly to her childhood. At a young age, she grew up feeling unwanted and unlovable. Elizabeth believed that the way to win back her mother's approval was by doing as she was told, even if it meant denying her own needs.

"Early in the marriage, Elizabeth's wounds were reopened as her husband focused on his career and spent so much time away. She felt abandoned and neglected once again, but she kept her feelings inside and allowed her resentment to build until she blew up.

"Michael's upbringing also influenced the man he'd become. He was raised by parents who worked long and hard simply to survive. Like his father, Michael was a strong, silent type and a solid provider. But because he'd received little emotional nourishing himself, he didn't know how to give it to his wife or son.

"As our sessions went on and I pointed this out to them, the couple felt terrible about their destructive behaviors. 'I made a lot of wrong assumptions about Michael,' said Elizabeth, 'when I should have known that he thought he was doing what was best for us.' I urged them not to blame themselves: 'Recognizing these patterns is the first step, but your past can serve as an excellent example of what not to do now,' I said.

"For instance, Elizabeth began almost every sentence with a criticism: 'Why don't you ever . . .' or 'I'm so sick and tired of the way you . . .' Once, when Elizabeth slipped into this accusatory mode, I stopped her and asked, 'Where did you learn to say that?' Her eyes grew wide. 'That's the way my mom talks!' she said in shock. 'I always swore I wouldn't do that.'

"I suggested she start her conversations with positive comments or 'provisional' language instead, such as, 'Could we talk about . . .' or 'Do you mind if I make a suggestion. . . .' This takes a partner off the defensive. Elizabeth worked hard to change her patterns.

"The hardest thing for Michael, always a quiet man, was making time to sit down and talk with his wife. But once he did, he realized that releasing his bottled-up emotions made him feel better.

"I also told them that learning to talk to each other is only the beginning. 'Communication is not complete unless you try to find a solution,' I said. Couples can't always resolve their differences, of course. That doesn't mean the marriage is bad; it just means you disagree.

"Now this couple were ready to adjust to their new role as parents of a homosexual son. I suggested they start by finding support groups, such as Parents, Families and Friends of Lesbians and Gays (PFLAG). They also read everything they could find on the subject.

"Michael still needed to clear the air with Kevin, so one evening, when Elizabeth was working late, Michael put his arms around Kevin and said, 'I will always love you. And if you ever need anything, I am behind you a hundred percent.'

"'I feel better knowing I can talk to you, Dad,' said Kevin. That watershed moment broke the tension.

"Kevin is doing well at school, and he's found a gay mentor on campus. On Sunday nights, he and his parents get together for a nice dinner and discuss what's on their minds, and Kevin sometimes invites a boyfriend to join them. He'll also be coming to our counseling sessions on occasion. 'He's shared something very important with us, and we want him to know that the door to our hearts is always open,' said Elizabeth." ■

For more information on this subject, contact Parents, Families and Friends of Lesbians and Gays, at: PFLAG, 1726 M Street NW, Suite 400, Washington, D.C. 20036; call 202-467-8180; or visit their Web site: www.pflag.org.

"Can This Marriage Be Saved?" is the most enduring women's magazine feature in the world. This month's case is based on interviews and information from the files of Brenda Wade, Ph.D., a family psychologist in San Francisco. The story told here is true, although names and other details have been changed to conceal identities. "Can This Marriage Be Saved?" is a registered trademark of Meredith Corporation.

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> Women tend to back-burner their husband when they become parents

"It's just that being a mother is so heavy, in terms of responsibilities," says Lisa Minton, 37, who has a 16-month-old and 5-year-old twins, "that it buries all those other things, those romantic, caring things you'd think of doing for each other."

"It's just that my kids need so much more right now," says Lisa DiMona, 39, a working mom with a 7- and a 10-year-old. "I have to be more a mother than a wife."

These wives feel, as so many women do, that the relationship with their husband must invariably take a backseat to the children. Not that it's good, but that's the way it is, their words and tone imply.

But is that the way it has to be?

The Pressures that Block Intimacy

There has always been a tendency for both spouses to back-burner their relationship once they become parents. Study after study *(continued)*

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Surprisingly, women may miss the decline of intimacy more than men

documents the "baby makes three" phenomenon: an erosion of companionship time, an increase in feeling unattended to by the spouse, a plunge in sexual activity and a decrease in marital satisfaction.

But Charles Figley, Ph.D., the director of the Psychosocial Stress Research Program at Florida State University, in Tallahassee, sees the stress on couples right now cranked to historic levels. "It's a systemic phenomenon," he says. "Women today have this siege mentality—putting out fires at work, taking care of the kids, running the household. Add to this the sexual needs of a husband, and a wife can find herself at the breaking point—resenting her spouse's sexual overtures as if they were just one more demand."

Interestingly, however, full-time moms these days report that they feel just as overwhelmed by their maternal and household duties, and their husbands' needs, if not more so, than their working counterparts—and just as unable to attend to their mates and marriages.

"After a whole day catering to the needs of a three-year-old and one-year-old," says Nina James, 34, a full-time mom in Arlington, Virginia, "I have little or nothing left to give my husband—not courtesy, not conversation, not even quiet support."

Full-time moms whose children are older should feel somewhat more available to their mates, but that isn't always the case. According to William Doherty, a professor of family social science at the University of Minnesota, in St. Paul, and author of *Take Back Your Marriage: Sticking Together in a World that Pulls Us Apart* (Guilford Press, 2001), there's a tendency for the decline in companionship and sexual intimacy to actually worsen. "As children get older," he says, "many couples become mainly chauffeur and activity directors on the family cruise ship, thereby neglecting each other even more."

John Gottman, a psychologist at the University of Washington, in Seattle, and co-author of *The Relationship Cure* (Crown Books, 2001), offers some additional explanations for why moms wind up so child-focused. In marriages in which the husband is the sole wage earner, he notes, financial pressures force him to work longer hours. The less available he is, the more of his parenting and household duties fall to his wife. "When husbands aren't emotionally available, women over-invest in their children," says Gottman. "They try to be father and mother, because they feel responsible for the quality of family life."

Becoming More Intentional

Not that wives are happy with this state of affairs. They're often just as distressed as their husbands at the decline in marital intimacy; Doherty thinks women may miss their sexual role even more than their husbands do, partly because women look to sex for emotional connection.

Kristi Cockerham, 35, a mother of two, can substantiate that. The attorney in Ovilla, Texas, remembers feeling resentment toward her firstborn because "she took away that special closeness I had with my husband." The resentment, in turn, prompted feelings of guilt: How could I be sad if I have this beautiful healthy baby? Kristi thought. "But I was sad," she explains, "because of this loss—that's the only word to describe it—of my husband."

It's not just the needs of a new baby, either, that drag us away from our mates and cause us to abandon our intimate overtures. Everything—the job, the cars, the pets, the shopping, the cleaning—conspires to asexualize us, it seems. All too easily we stop attending to our appearance: There isn't time for a new haircut, a manicure or even a dab of lipstick—or so we tell ourselves. He'll just have to love me as I am. Yet at the same time, we know it does matter, how we look. Because when we no longer take pains to look appealing, it's like posting a banner that says to our mates, "I don't care about your concerns." And that's not what we wives want to say; it's not where we want to go.

"Some months I really worry that I'm slipping into that obscurity where I'm just this . . . this entity who provides food, clothing and a clean home," remarks Lisa Minton. "It's not that having children makes me feel less sexy: Actually I feel more womanly, being a mom. It's just that I have so much less time to look, dress and be sexy."

Many partners believe that the strength of their initial bond will buoy them through the *(continued)*

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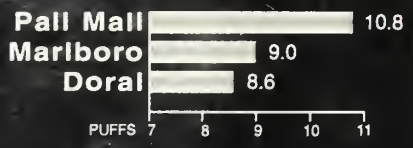
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multiple stressors of the childbearing years. "If you're well suited to each other from the beginning," says Minton, "marriage shouldn't have to be a tremendous amount of work—certainly not as much work as raising kids." And there's no question that a partnership that's well-grounded from the beginning is likelier to endure than one that's not. But all the experts concur that the marriage flame flickers out without constant fanning. "The notion of marriage surviving on autopilot is a fantasy," says John Gottman. "If you don't talk, if you don't stay aware of each other's inner world day to day, you're in for a rude awakening—no matter who you are."

Prescriptions for Partnership

Two years ago, Janelle Cosner, 29, got that rude awakening. Her husband of eight years wasn't having an affair, but, in an "awful blowout," he accused her of being way too bossy, unaccountably wrapped up in the dance studio she ran, and attentive only to their son, who was 2 at the time. He threatened to leave. "I honestly thought we weren't going to make it," recalls the mom from Greencastle, Indiana.

But they pulled through, says Cosner, because she committed to putting her marriage first. She cut back on her hours at her dance studio. She started getting her son to bed by 8:30 to make way for quiet time on the couch with her husband. She got Laura Corn's book, *101 Nights of Grrreat Sex*. She became more mindful of her day-to-day appearance—bothering to fix her hair and wear flattering colors. She took pains to make arrangements to go out on at least one real date a month; in between, they took off on his Harley. And last summer, she let her parents take her son, Anthony, so that she and her husband could go away for a week together alone.

"I now know it's extremely important, as a wife, to take special time out for us," she says. "If we're strongly bonded, we can survive anything. And kids will be happy if their parents' relationship is stable."

Certainly there's a fine line be being an attentive parent and a s mom, one that takes considerabl lance not to overstep. It's not d by how many children you ha how many household chores yo front, or whether you work part full-time or stay home. Rather William Doherty, nurturing both and offspring successfully is a tion of "becoming intentional" marriage—making time for sp rituals like back rubs, walks, shared baths and getaway week It's taking action on a regular b show you're committed to the pr of the relationship, come what m

Consider Elise Goldschlag, mother of seven in Irvington, York, who runs a business out home. Even when their younges a baby, she and her husband arr to steal away to the Marriott night alone every couple of week

"This focus on the kids all the isn't good," says Goldschlag. love our children, we take ca them, but you know what? They be with us forever. Our first alleg is to each other." ■

Melinda Marshall is a contributi editor of Ladies' Home Journal.

CALLING ALL MOTHERS, HAILING ALL WIVES

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Travel smarts:

Four tips for a healthier trip



After take-off, don't just sit and chat. Shake a leg to keep blood flowing

As you finalize summer travel plans, the last thing you want to think about is getting sick. Stay healthy by taking a few precautions:

1. Avoid "economy-class syndrome." Sitting still for long periods of time in a cramped seat can cause deep vein thrombosis, or blood clots in the veins of the legs. (In rare cases, a clot can break off and lodge in the lungs, causing death.) Lower your risk by walking around the cabin once an hour, says Russell B. Rayman, M.D., executive director of the Aerospace Medical Association, in Washington, D.C.

2. Don't let jet lag get you down. Preliminary research suggests that a new supplement, called ENADAlert, may reduce the effects of jet lag. You can also ease symptoms by eating light, frequent meals before and during your flight, drinking plenty of water and limiting alcohol and caffeine intake. The best remedy? Get to bed early the night you arrive.

3. Ease allergies and ear pain. If you come down with a cold and have any ear pain, it's best not to fly because the small but real risk of doing so can cause the ear drum to rupture. If you must fly, Bradley A. Connor, M.D., a clinical associate professor of medicine at Weill Medical College at Cornell University, in Ithaca, New York, and medical director at Travel Health Services, a New York City–based travel clinic, suggests using a fast-acting decongestant nasal spray a half hour before take-off and landing to avoid ear pain and sinus discomfort.

If your stuffy head is caused by allergies, pack your regular medication, as well as antihistamines, in your carry-on bag. "Being in a crowded plane can exacerbate allergy symptoms," says Connor. "You may have a reaction to the pillows, seat covers—or even your neighbor who just said good-bye to her cat."

4. Don't rush back to work. "It's natural to feel let down after a vacation," says Margaret Backman, Ph.D., a psychologist in New York City. "To smooth the transition, give yourself a day to get back to your routine," suggests Backman. Then, start dreaming about your next vacation.

—Christina Orlovsky

Double your H_2O: Doing so can help fight jet lag

[illegible]

Even if you feel healthy before you hit the road, be sure to bring a travel first-aid kit. In addition to any medications you are taking, pack cold and flu remedies, antihistamines, antacids and antidiarrheals. "A symptom that's a minor nuisance at home could ruin a dream vacation," says Connor.





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Soothing heartburn

If you're one of the hundreds of thousands of Americans who use prescription medicines to combat heartburn, you might want to talk to your doctor about the proper way to take your medication. A recent survey of more than 4,000 heartburn patients taking the drugs Prilosec and Prevacid, which limit stomach-acid production, found that as many as 60 percent still had symptoms three or more times per week, probably because of improper use.

Unlike drugstore remedies that work when a flare-up strikes, prescription treatments must be taken regularly to prevent heartburn. "Some patients assume that if they are feeling fine, then it's not necessary to take their medication. But when taken intermittently, these drugs are not as effective," says Harris Clearfield, M.D., a professor of medicine at Hahnemann University Hospital, in Philadelphia. In fact, about a quarter of patients in the survey reported not taking the drugs on a daily basis.

"Also remember that these medications can't compensate for poor habits," says Clearfield. To help prevent heartburn, eat small meals, wait at least two hours after a meal before going to bed and avoid common triggers, such as smoking, coffee, alcohol and chocolate.

—Meredith Franco

Birth Control Breakthrough

Good news for women considering tubal ligation (as 800,000 annually do): Soon you may not have to go under the knife. A new method called STOP (Selective Tubal Occlusion Procedure) promises permanent contraception without surgery.

Currently, tubal ligation, in which the fallopian tubes are cut and sealed, requires abdominal incisions. With the STOP method, however, a small springlike coil is placed into each fallopian tube through the vagina. Once the coil is in place, tissue grows in and around it to form a permanent barrier. The nonreversible, doctor's-office procedure can be performed in about 10 minutes. (Women must use another form of birth control for the first three months.)

"While nearly thirty percent of women in the U.S. using contraception choose sterilization, it's not even considered by women who don't want to be hospitalized," says Vanessa Cullins, M.D., M.P.H., vice president and medical director of AVSC International, a nonprofit organization that promotes safe reproductive health care worldwide. "The STOP method may give these women a choice."

In a phase-II clinical trial involving 230 women, no pregnancies resulted after 15 months of using the device. More than 400 women have enrolled in a phase-III trial; if the study is successful and the FDA approves STOP, it could be available by 2003.

—C.O.



No more surgery with the STOP coil

body briefs

A healthy hand Researchers at the University of California, at Berkeley, studied the effect of playing bridge on 12 women and found that the game boosted disease-fighting T cells in two thirds of the group. Playing bridge may stimulate the area of the brain behind the forehead called the dorsolateral cortex, which may play a role in immune function.

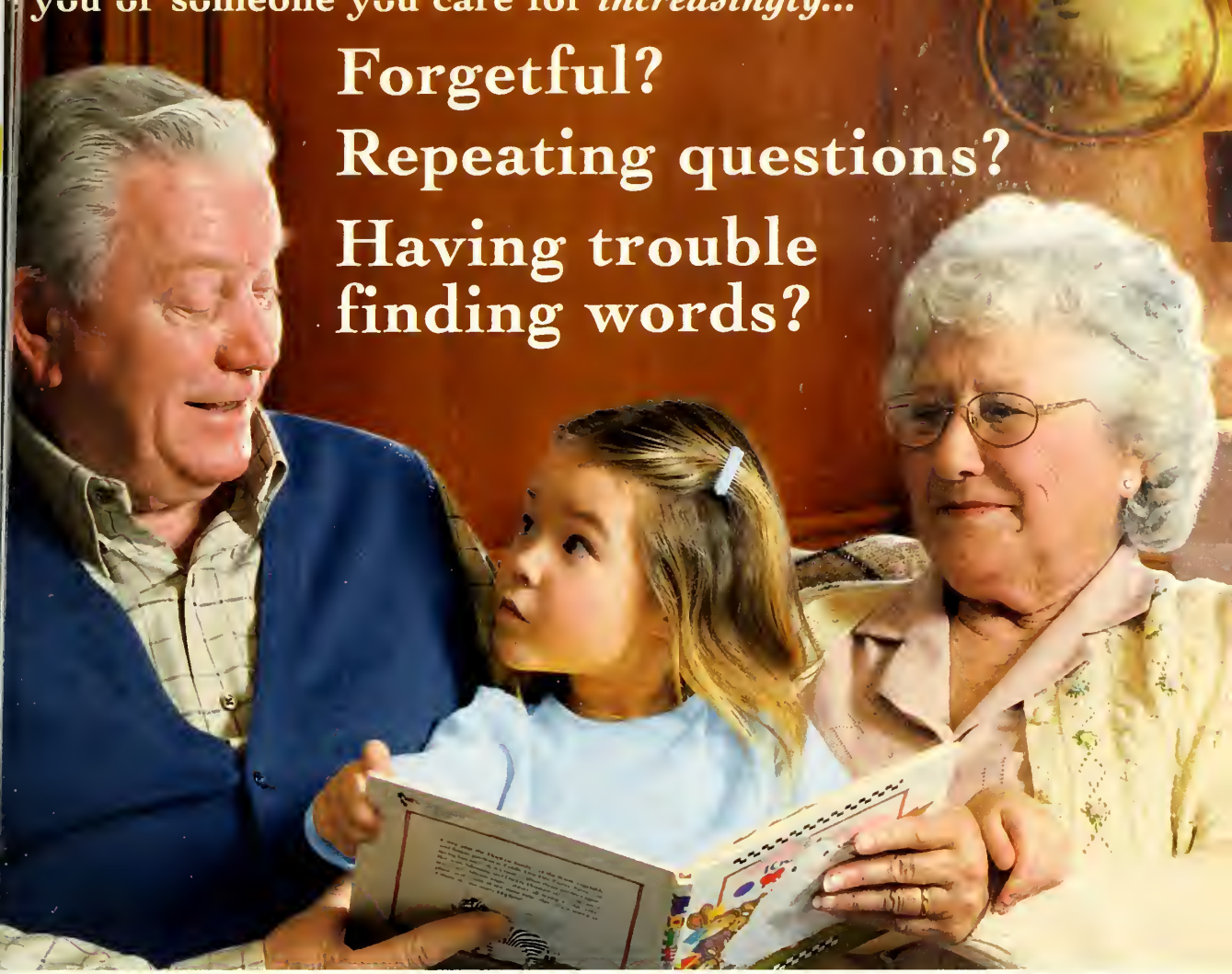


Say cheers Drinking red wine may reduce your risk of ischemic stroke, according to a study by the Centers for Disease Control and Prevention, in Atlanta. Women under 44 who had two drinks a day were 40 to 60 percent less likely to have a stroke than teetotalers. Researchers suspect that flavonoids, antioxidants found in wine that help prevent cell damage, provide the extra protection.



Teaching smart eating habits Limiting your child's diet in an attempt to foster good eating habits and keep weight in check may backfire, according to a new study of nearly 200 5-year-old girls at Penn State University. Researchers found that overweight girls whose mothers restricted their food choices had lower self-esteem and poorer body image than those with fewer limits. Experts suspect that outlawing certain foods may cause children to overindulge and feel guilty about their eating habits.

—Christina Sciammacco



When these problems interfere with everyday life, it could be Alzheimer's disease.

A medicine called ARICEPT® may help.

en you or someone you care for has gradually easing memory problems, it may not be normal g. It could be Alzheimer's disease, an incurable, gressive illness.

ay there's hope, including a prescription icine called ARICEPT®. Once-daily ARICEPT® inically proven to treat the symptoms of mild oderate Alzheimer's. In people who respond to CEPT®, symptoms may get better, stay the e or progress at a slower rate.

CEPT® is well tolerated but may not be for yone. Some people may experience nausea, rhea, insomnia, vomiting, muscle cramps, gue or loss of appetite. In studies, these side cts were usually mild and temporary. Some ple taking ARICEPT® may experience faint- People at risk for ulcers should tell their doctors ause their condition may get worse.

Only a doctor can say if memory problems are due to Alzheimer's disease. And the sooner you know, the sooner ARICEPT® may help. So speak to a doctor today and ask about ARICEPT®, the #1 prescribed medicine for Alzheimer's disease.

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...epezil Hydrochloride Tablets)

INDICATIONS AND USAGE ARICEPT is indicated ... type. **CONTRAINDICATIONS** ARICEPT is contraindi... hydrochloride or to piperidine derivatives. **WARNINGS**

Anesthesia ... likely to exaggerate ... succinylcholine-type muscle relaxation during ...

Cardiovascular Conditions: ... their pharmacological action, cholinesterase inhibitors may have ... This potential for this action may be particularly important to patients with ... conduction conditions. Syncopal episodes have been reported in asso...

Gastrointestinal Conditions: Through their primary action cholinesterase inhibitors ... due to increased cholinergic activity. Therefore patients should be mon... intestinal bleeding, especially those at increased risk for developing ... those receiving concurrent nonsteroidal anti-inflammatory drugs (NSAIDs) ... were similar to placebo in the incidence of either peptic ulcer disease or ... a predictable consequence of its pharmacological properties has been shown to ... These effects, when they occur, appear more frequently with the 10 mg/day dose ... cases these effects have been mild and transient, sometimes lasting one to three ... ARICEPT. ***Genitourinary***: Although not observed in clinical trials of ... bladder outflow obstruction in ***Neurological Conditions***: Seizures. Cholinomimetics are ... generalized convulsions. However, seizure activity also may be a manifestation of ...

Pulmonary Conditions: Because of their cholinomimetic actions, cholinesterase inhibitors should be ... with a history of asthma or obstructive pulmonary disease. **PRECAUTIONS Drug-Drug Interactions** ***Drugs Highly Bound to Plasma Proteins***: Drug displacement studies have been performed *in vitro* ... and other drugs such as furosemide, digoxin, and warfarin. ARICEPT at con... does not affect the binding of furosemide (5 µg/mL), digoxin (2 ng/mL), and warfarin (3 µg/mL). ... Similarly, the binding of ARICEPT, to human albumin was not affected by furosemide, digoxin, and ... ***Effect of ARICEPT on the Metabolism of Other Drugs***: No *in vivo* clinical trials have investigated the effect ... of drugs metabolized by CYP 3A4 (e.g. cisapride, terfenadine) or by CYP 2D6 (e.g. ... However, *in vitro* studies show a low rate of binding to these enzymes (mean K_i about 50-130 µM), that given ... plasma concentrations of donepezil (164 nM), indicates little likelihood of interference. Whether ARICEPT ... alters the enzyme induction is not known. ***Effect of Other Drugs on the Metabolism of ARICEPT***: ... Ketoconazole and quinidine, inhibitors of CYP450 3A4 and 2D6, respectively, inhibit donepezil metabolism *in vitro*. ... clinical effect of these inhibitors is not known. Inducers of CYP 2D6 and CYP 3A4 (e.g. phenytoin, ... rifampin and phenobarbital) could increase the rate of elimination of ARICEPT. ***Use with Anticholinergics***: Because of their mechanism of action, cholinesterase inhibitors have the potential to interfere with the ... of anticholinergic medications. ***Use with Cholinomimetics and Other Cholinesterase Inhibitors***: A ... effect may be expected when cholinesterase inhibitors are given concurrently with succinylcholine-similar ... acting agents or cholinergic agonists such as bethanechol. **Carcinogenesis, Mutagenesis, Impairment of Fertility** Carcinogenicity studies of donepezil have not been completed. Donepezil was not mutagenic in ... reverse mutation assay in bacteria. In the chromosome aberration test in cultures of Chinese hamster lung (CHL) ... clastogenic effects were observed. Donepezil was not clastogenic in the *in vivo* mouse micronucleus test. ... had no effect on fertility in rats at doses up to 10 mg/kg/day (approximately 8 times the maximum recommend... ... **Pregnancy** ***Pregnancy Category C***: Teratology studies conducted in pregnant rats at ... 16 mg/kg/day (approximately 13 times the maximum recommended human dose on a mg/m² basis) and in ... at ... to 10 mg/kg/day (approximately 16 times the maximum recommended human dose on a mg/m² ... basis) have revealed no evidence for a teratogenic potential of donepezil. However, in a study in which pregnant rats were ... given 30 mg/kg/day (approximately 8 times the maximum recommended human dose on a mg/m² basis) from day 17 ... of gestation through day 20 postpartum, there was a slight increase in still births and a slight decrease in pup survival ... on day 4 postpartum; at this dose the next lower dose tested was 3 mg/kg/day. There are no adequate or well-... studies in pregnant women. ARICEPT should be used during pregnancy only if the potential benefit justifies the ... risk to the fetus. **Nursing Mothers** It is not known whether donepezil is excreted in human breast milk. ARICEPT ... is not indicated for use in nursing mothers. **Pediatric Use** There are no adequate and well-controlled studies ... the safety and efficacy of ARICEPT in any illness occurring in children. **ADVERSE REACTIONS Adverse Events Leading to Discontinuation** The rates of discontinuation from controlled clinical trials of ARICEPT due to adverse ... events for the ARICEPT 5 mg/day treatment groups were comparable to those of placebo-treatment groups at approximately ... 5%. The rate of discontinuation in patients who received 7-day escalations from 5 mg/day to 10 mg/day was higher at 13%. ... The most common adverse events leading to discontinuation, defined as those occurring in at least 2% of patients and at ... twice the incidence seen in placebo patients, are shown in Table 1.

Table 1. Most Frequent Adverse Events Leading to Withdrawal from Controlled Clinical Trials by Dose Group

Dose Group	Placebo	5 mg/day ARICEPT®	10 mg/day ARICEPT®
Patients Randomized	355	350	315
Event/% Discontinuing			
Nausea	1%	1%	3%
Diarrhea	0%	<1%	3%
Vomiting	<1%	<1%	2%

Most Frequent Adverse Clinical Events Seen in Association with the Use of ARICEPT® The most common ... defined as those occurring at a frequency of at least 5% in patients receiving 10 mg/day and twice the place... predicted by ARICEPT's ... mimetic effects. These include nausea, diarrhea, insomnia, vomiting, ... fatigue, and muscle cramps. These adverse events were often of mild intensity and transient, resolving during ... ARICEPT treatment without dose modification. There is evidence to suggest that the frequency of ... adverse events may be affected by the rate of titration. An open-label study was conducted with 269 patients ... placebo in the 15- and 30-week trials. These patients were titrated to a dose of 10 mg/day over a 6-week ... adverse events were lower than those seen in patients titrated to 10 mg/day over one week in ... comparable to those seen in patients on 5 mg/day. See Table 2 for a comparison of ... one week titration regimens.

Table 2. Comparison of Rates of Adverse Events in Patients Titrated to 10 mg/day Over 1 and 6 Weeks

	No titration		One-week titration	Six-week titration
Adverse Event	Placebo (n=315)	5 mg/day (n=311)	10 mg/day (n=315)	10 mg/day (n=269)
Nausea	[illegible]	[illegible]	19%	6%
Diarrhea	[illegible]	[illegible]	15%	9%
Insomnia	[illegible]	[illegible]	14%	6%
Fatigue	[illegible]	[illegible]	8%	3%
Vomiting	[illegible]	[illegible]	8%	5%
Muscle cramps	[illegible]	[illegible]	8%	3%
Anorexia	2%	[illegible]	3%	3%

Adverse Events Reported in Controlled Trials ... experience gained under closely monitored ... conditions of clinical trials in a ... clinical practice or in other clinical trials, these ... frequency estimates may not ... event, and the kinds of patients treated may ... differ. Table 3 lists treatment emergent ... reported by at least 2% of patients in placebo-controlled trials who received ARICEPT ... greater for ARICEPT assigned than placebo assigned patients. Frequent adverse ... female patients and with advancing age.

Table 3. Adverse Events Reported in Controlled Clinical Trials in at Least 2% of Patients Receiving ARICEPT® (donepezil HCl) and at a Higher Frequency than Placebo-treated Patients

Body System/Adverse Event	Placebo (n=355)	ARICEPT (n=74
Percent of Patients with any Adverse Event	**72**	**74**
Body as a Whole		
Headache	9	10
Pain, various locations	8	9
Accident	6	7
Fatigue	3	5
Cardiovascular System		
Syncope	1	2
Digestive System		
Nausea	6	11
Diarrhea	5	10
Vomiting	3	5
Anorexia	2	4
Hemic and Lymphatic System		
Ecchymosis	3	4
Metabolic and Nutritional System		
Weight Decrease	1	3
Musculoskeletal System		
Muscle Cramps	2	6
Arthritis	1	2
Nervous System		
Insomnia	6	9
Dizziness	6	8
Depression	<1	3
Abnormal Dreams	0	3
Somnolence	<1	2
Urogenital System		
Frequent Urination	1	2

Other Adverse Events Observed During Clinical Trials ARICEPT has been administered to over 1700 ... during clinical trials worldwide. Approximately 1200 of these patients have been treated for at least 3 months and ... 1000 patients have been treated for at least 6 months. Controlled and uncontrolled trials in the United Stat... approximately 900 patients. In regards to the highest dose of 10 mg/day, this population includes 650 patients ... months, 475 patients treated for 6 months and 116 patients treated for over 1 year. The range of patient exposu... to 1214 days. Treatment emergent signs and symptoms that occurred during 3 controlled clinical trials and two ... trials in the United States were recorded as adverse events by the clinical investigators using terminology ... choosing. To provide an overall estimate of the proportion of individuals having similar types of events, the ... grouped into a smaller number of standardized categories using a modified COSTART dictionary and event frequ... calculated across all studies. These categories are used in the listing below. The frequencies represent the p... 900 patients from these trials who experienced that event while receiving ARICEPT. All adverse events occur... twice are included, except for those already listed in Tables 2 or 3, COSTART terms too general to be informativ... less likely to be drug caused. Events are classified by body system and listed using the following definitio... *adverse events* — those occurring in at least 1/100 patients; *infrequent adverse events* — those occurring ... 1/1000 patients. These adverse events are not necessarily related to ARICEPT treatment and in most cases we... at a similar frequency in placebo-treated patients in the controlled studies. No important additional adverse event... in studies conducted outside the United States. **Body as a Whole**: *Frequent:* influenza, chest pain, toothache, ... fever, edema face, periorbital edema, hernia, hiatal, abscess, cellulitis, chills, generalized coldness, head fullne... ness. **Cardiovascular System**: *Frequent* hypertension, vasodilation, atrial fibrillation, hot flashes, h... *Infrequent* angina pectoris, postural hypotension, myocardial infarction, AV block (first degree), congestive h... arteritis, bradycardia, peripheral vascular disease, supraventricular tachycardia, deep vein thrombosis. **Digestiv...** *Frequent:* fecal incontinence, gastrointestinal bleeding, bloating, epigastric pain; *Infrequent* eructation, gingivit... appetite, flatulence, periodontal abscess, cholelithiasis, diverticulitis, drooling, dry mouth, fever sore, gastr... colon, tongue edema, epigastric distress, gastroenteritis, increased transaminases, hemorrhoids, ileus, incre... jaundice, melena, polydipsia, duodenal ulcer, stomach ulcer. **Endocrine System:** *Infrequent* diabetes mellitus, goiter ... **Lymphatic System**: *Infrequent* anemia, thrombocythemia, thrombocytopenia, eosinophilia, erythrocytopenia. **Meta... Nutritional Disorders**: *Frequent:* dehydration. *Infrequent:* gout, hypokalemia, increased creatine kinase, hyperglyce... increase, increased lactate dehydrogenase. **Musculoskeletal System**: *Frequent* bone fracture, *Infrequent* muscl... muscle fasciculation. **Nervous System**: *Frequent* delusions, tremor, irritability, paresthesia, aggression, ver... increased libido, restlessness, abnormal crying, nervousness, aphasia, *Infrequent* cerebrovascular accident, intrac... hemorrhage, transient ischemic attack, emotional lability, neuralgia, coldness (localized), muscle spasm, dysphoria, ... manic, hypertonia, hypokinesia, neurodermatitis, numbness (localized), paranoia, dysarthria, dysphasia, hostility, ... libido, melancholia, emotional withdrawal, nystagmus, pacing. **Respiratory System**: *Frequent:* dyspnea, ... bronchitis, *Infrequent* epistaxis, post nasal drip, pneumonia, hyperventilation, pulmonary congestion, wheezing, ... pharyngitis, pleurisy, pulmonary collapse, sleep apnea, snoring. **Skin and Appendages**: *Frequent:* pruritus, ... urticaria. *Infrequent* dermatitis, erythema, skin discoloration, hyperkeratosis, alopecia, fungal dermatitis, herpes zoster, hir... striae, night sweats, skin ulcer. **Special Senses**: *Frequent:* cataract, eye irritation, vision blurred, *Infrequent* dry ey... ma, earache, tinnitus, blepharitis, decreased hearing, retinal hemorrhage, otitis externa, otitis media, bad taste, ... hemorrhage, ear buzzing, motion sickness, spots before eyes. **Urogenital System**: *Frequent* urinary incontin... turia, *Infrequent* dysuria, hematuria, urinary urgency, metrorrhagia, cystitis, enuresis, prostate hypertrophy, p... tis, inability to empty bladder, breast fibroadenosis, fibrocystic breast, mastitis, pyuria, renal failure. **Postintroduction Reports** Voluntary reports of adverse events temporally associated with ARICEPT that ... received since market introduction that are not listed above, and that there is inadequate data to determine the ... tionship with the drug include the following: abdominal pain, agitation, cholecystitis, confusion, convulsions, ... hions, heart block (all types), hemolytic anemia, hepatitis, hyponatremia, pancreatitis, and rash. **DVERDDSAGE... strategies for the management of overdose are continually evolving, it is advisable to contact ... Control Center to determine the latest recommendations for the management of an overdose of ...** As in any case of overdose, general supportive measures should be utilized. Overdosage with cholinesterase in... result in cholinergic crisis characterized by severe nausea, vomiting, salivation, sweating, bradycardia, hypotension, ... ry depression, collapse and convulsions. Increasing muscle weakness is a possibility and may result in death ... muscles are involved. Tertiary anticholinergics such as atropine may be used as an antidote for ARICEPT ... Intravenous atropine sulfate titrated to effect is recommended, an initial dose of 1.0 to 2.0 mg IV with subsequ... based upon clinical response. Atypical responses in blood pressure and heart rate have been reported with ... non-mimetics when co-administered with quaternary anticholinergics such as glycopyrrolate. It is not know... ARICEPT and/or its metabolites can be removed by dialysis (hemodialysis, peritoneal dialysis, or hemofiltrat... related signs of toxicity in animals included reduced spontaneous movement, prone position, staggering gait, ... clonic convulsions, depressed respiration, salivation, miosis, tremors, fasciculation and lower body surface tem...

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THE NATIONAL BONE HEALTH CAMPAIGN

CENTERS FOR DISEASE CONTROL AND PREVENTION
DEPARTMENT OF HEALTH AND HUMAN SERVICES' OFFICE ON WOMEN'S HEALTH
NATIONAL OSTEOPOROSIS FOUNDATION

DRUGS ONLINE

The new danger



Viagra, Prozac, diet pills, even party drugs—all can be had with just a click of your computer mouse. And there's little anyone can do to stop the growing Internet drug trade

By Barry Yeoman

Three years ago, Mary Ellen Mellor got the kind of phone call every parent dreads. It was her husband, calling from a hospital. "I'm in the emergency room," he said. "Keith has had an overdose." Mellor's stepson, then 15, had been found in his mother's house, conscious but in a stupor, and unable to walk. "Something was terribly wrong, and my husband was frantic because he didn't know what was behind Keith's symptoms," says Mellor, a 46-year-old emergency-room nurse who lives in Berwyn, Pennsylvania.

The cause of Keith's condition also stumped the hospital staff until the dazed teen blurted out the address of an Internet site. After going online, a nurse found a solicitation to buy dextromethorphan (DXM), a party drug that produces a euphoric feeling. In small doses, the powder is safe and is even used in over-the-counter cough suppressants. But Keith had ordered DXM from his home computer, paying with a money order from a convenience store. Along with three friends, he had mixed the drug with milk and guzzled it down. His friends merely got buzzed; Keith, who had more DXM in his drink, suffered a nonlethal overdose.

Keith, now 18, got off easy. After being given intravenous fluids for several hours, he was released from the hospital, and recovered fully in a few days. Had he taken more of the drug, he might not have been so lucky. Taken in large amounts, DXM can *(continued)*

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(continued) cause hallucinations, paranoia and psychotic reactions. It makes the pulse race or weaken, and the lips and fingernails turn blue. There have been at least two cases of DXM-related deaths.

In pure form, DXM is not available by prescription or over-the-counter. Like most mothers, Mellor had no idea that it could be purchased over the Internet. "I thought I was a pretty smart parent," she says. "I know what marijuana smells like. I know what people act like when they're on cocaine. You educate yourself about these things, then all of a sudden there's something new. But your kids already know about it, and they know how to easily get it."

Unfortunately, DXM is not the only drug that children—or anyone else—can easily get via the Web. "You can order any drug that's manufactured anywhere in the world—from anabolic steroids to medicines used for people with terminal illnesses," says Carmen Catizone, M.S., R.Ph., executive director of the National Association of Boards of Pharmacy (NABP). Prozac to combat depression, Xenical for weight loss, even Androcur for advanced prostate cancer: All of these medicines are available on the Internet to anyone with access to a credit card or money order, without ever seeing a doctor. In fact, *Ladies' Home Journal* had no problem ordering and receiving five popular prescription drugs for people who don't even exist. We invented two fictional customers, Miranda Jones and Brad Pando, and created e-mail accounts for them. We then ordered drugs such as Viagra, which can be fatal to someone with a heart condition; Accutane, which can cause serious birth defects; and DXM with ease (see "No R_x Required," below). What's more, some of the drugs we received looked questionable. For example, our Prozac order, which came from a Panamanian company, arrived crushed and flattened, with its tamper-proof seals broken and taped over.

Not all drug-selling Web sites are problematic. There are about 20 legitimate Internet pharmacies—including planetRx.com, *(continued)*

NO R_x REQUIRED To find out what we could buy online, LHJ created two fictional people—Brad Pando and Miranda Jones—and started placing orders at different Web sites. Here's what we received:

	LHJ's VIRTUAL VISIT	COST	R_x RISK
PROZAC (fluoxetine), to treat depression	Although UltimateRx.com's questionnaire asked us to provide a doctor's name and number, we didn't. The medication arrived a month later—the packaging was in Spanish, the boxes were flattened and there was no prescription label. (The site has since stopped selling Prozac.)	$186 for a four-week supply, including $75 consult fee	Prozac's side effects can include nausea, headache, nervousness, insomnia and decreased sexual function. It can also cause risky drug interactions—if taken with some cough suppressants, Prozac may cause hallucinations.
VIAGRA (sildenafil citrate), for erectile dysfunction	After a virtual exam on 100mg-Viagra.com we got our order in three days with a one-page insert about side effects and drug interactions, and a pill splitter—the label said to take ½ tablet, making Brad's prescription 50 mg (the typical dose), not 100 mg as the site's name suggests.	$120 for five 100 mg tablets, including $75 consult	The insert advised against taking Viagra with nitrates—a potentially fatal combination. But when Brad complained of side effects, our virtual doctor admitted that she starts most patients at 25 mg, half the dosage she prescribed.
XENICAL (orlistat), for weight loss	At adietpill.com, Miranda's request was rejected when we said she weighed 140 pounds. We then said she was 175 pounds, and received our order from 1stanlinepharmacy.com (which contracts with other sites) in two weeks with a bottle of multivitamins and an information insert.	$99 for 30 pills, including $21 weight-loss consult	The side effects of Xenical aren't pretty, and include gas with or without discharge, diarrhea and nausea. Xenical can also cause a deficiency of fat-soluble vitamins, such as vitamins A and D, which is why it should be taken with a daily multivitamin.
ACCUTANE (isotretinoin) to treat severe acne	With no consultation form to fill out, MedsMex.com made it easy to order Accutane. Three weeks later we received isotretinoin gel—a topical form of Accutane that has never been approved for use in the U.S.—with no package insert or prescription label.	$20 for two 30 g tubes	Taken orally or applied topically, isotretinoin poses a serious risk of birth defects if used while pregnant. Using isotretinoin also has been linked with severe depression. Side effects include rashes and severe reactions to the sun.
DXM (dextromethorphan), a party drug	The site (address withheld) contained a litany of disclaimers—mostly written in a sardonic tone—and required us to call a toll-free number and read a legal release. The powder arrived in two weeks in a small plastic bag wrapped in newspaper.	$36 for 15 g	While DXM may bring euphoric highs at a bargain price, it often takes large doses to get the effect. Those high doses can cause heat stroke, hallucinations, coma and even death.

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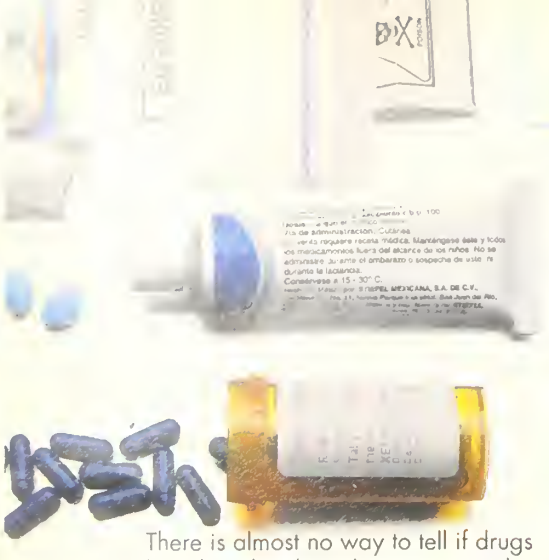
i Williams from Greenfield, OH, lost an incredible 68 pounds and went from a size 24 to a size 12 n just six months using Twinlab's Metabolift. "I tried other diet products," Lori said, "but only the tabolift Diet System had just what I needed to get through the day." That's because it's unlike any er "Metabo" out there. Only Metabolift has everything from Diet Caps and Energy Bars to delicious akes and even Gum. Satisfying your appetite. Fighting Fat.*† Helping you feel more fit and alive.

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There is almost no way to tell if drugs bought online have been tampered with

(continued) drugstore.com, clickpharmacy.com and familymeds.com—that require you to mail or fax a written prescription from your physician. (To find out if your online pharmacy is certified by the NABP, go to *www.nabp.org/vipps/consumer/listall.asp.*) But medical professionals and law-enforcement officials are becoming alarmed over the proliferation of what they call "rogue" sites, which do not require customers to see a doctor. Experts estimate there are about 400 of these pharmacies, and many operate out of Indonesia, New Zealand, Costa Rica and other foreign countries beyond the control of U.S. authorities. And their business seems to be booming: In 1999, seizures of mailed pharmaceuticals by the U.S. Customs Service jumped 450 percent over the year before, an increase the agency attributes to online sales. Unfortunately, experts believe the 9,725 shipments seized in 1999 are only the tiniest fraction of the amount coming into the U.S.

Warning: No doctor's visit required

Most of the rogue Web sites offer lifestyle drugs like Prozac and Propecia (for hair loss). Some require customers to fill out a "consultation form," a quick medical history and survey of symptoms that might be reviewed by a physician for a fee of $35 to $85. But these forms are often already filled out with the "correct" answers. For example, at one Viagra Web site based in the Turks and Caicos Islands, the questionnaire indicates that the customer does not have any of two dozen medical conditions, including coronary artery disease and congestive heart disease, which can make taking Viagra fatal. The customer needs only to fill in some basic information on height and weight, plus a mailing address and credit-card number.

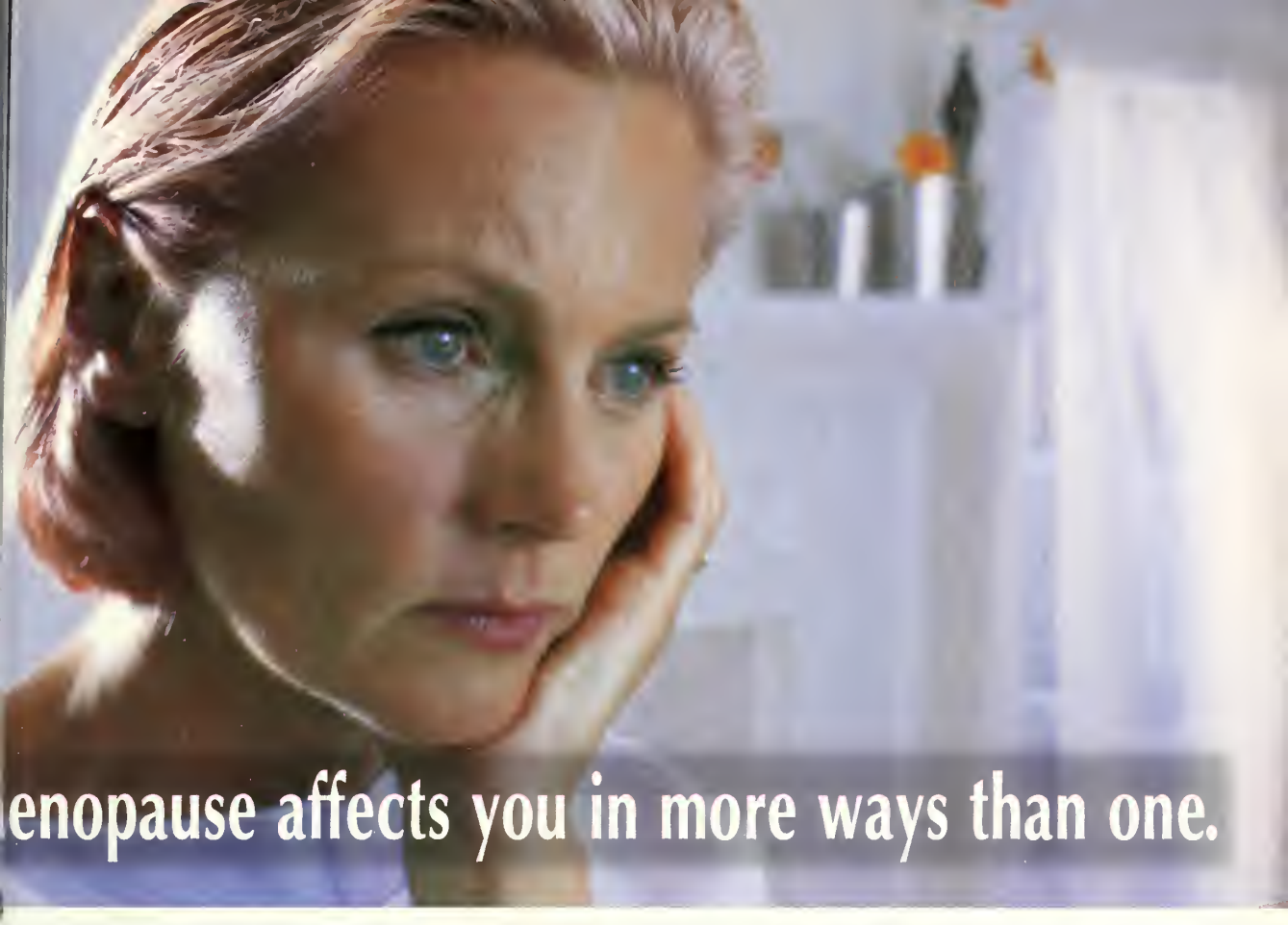
The head of one Internet pharmacy says using the Web is an innovative way to practice medicine. "We're trying to be cutting-edge," says Tania Malik, CEO of the Virtual Medical Group, in Morrisville, North Carolina, which was the company behind the sites from which we ordered Xenical and Viagra. "We're augmenting traditional medicine, and only for conditions that can be treated appropriately through the Internet." The American Medical Association (AMA) has warned consumers against using online pharmacies that don't require doctor visits for a prescription drug. Still, Malik argues that her company offers customers special advantages, like the anonymity of consulting with a physician from home. "You also can have a private conversation with your pharmacist, rather than standing in line at Eckerd's and having someone call out, 'Whose birth control pills?' " she says.

Experts estimate that there are 400 Web sites that sell dangerous drugs without a prescription

But it can be dangerous—even life-threatening—for a doctor to prescribe medication without performing a physical exam. "Let's take Viagra," says James R. Winn, M.D., executive vice president of the Federation of State Medical Boards. "Erectile dysfunction is not a disease; it's a symptom. It may occur because of multiple problems, including depression, diabetes, vascular problems or a pituitary tumor. It's the physician's responsibility to sort that out, and to determine the treatment." If a patient orders Viagra online, he might never see a doctor, and might never learn if he suffers from a serious underlying condition.

Malik says that her doctors are licensed practitioners who are fully capable of evaluating the extensive online consultation forms from patients. LHJ's experience suggests otherwise. When our fictional Brad Pando complained of painful side effects from taking Viagra, Internet physician, Renee Giometti, M.D., admitted that she had prescribed twice her usual starting dosage. Even after she advised Pando to stop taking Viagra, we received an e-mail message from 1stonlinepharmacy.com offering to refill his prescription. And when Miranda Jones complained of common side effects from taking the diet drug Xenical, Giometti suggested that writing the original prescription might not have been the best idea. "My suggestion to you is to follow a low-fat, healthy diet rich in protein, fruits and vegetables, watch your portions and exercise," the physician wrote in an e-mail. "This would be a much healthier way for your body to lose weight than to take medication that is making you uncomfortable." When later contacted by LHJ, Giometti refused to comment.

Even if it were possible for a doctor to carefully prescribe medicines online, many Internet physicians don't exercise that care. In Kalamazoo, Michigan, TV station WWMT–News 3 launched an investigation of online pharmacies, and was able to order *(continued)*



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ten 100 mg tablets of Viagra for a patient named Tom. The only problem: Tom was a house cat. In the online questionnaire, the station indicated that Tom stood 6 inches tall, weighed 15 pounds, and was neutered. WWMT also received Viagra for a reporter's dead grandfather and for a station employee who reported that he had heart trouble and took nitrate medicines. Viagra is potentially fatal when taken in combination with nitrates.

And last spring, ExpressToday.com physician Darryl Joseph Mohr was reprimanded and fined by the Arizona Board of Medical Examiners after prescribing Viagra to a federal agent without conducting a physical exam. During an interview with the board, Mohr admitted that he doesn't always look at the applications of the hundreds of Viagra customers each week that are "clean"—free of contraindications like heart disease. "Because of the extensiveness of the questionnaire and the protocol, I don't feel it's necessary for every clean patient to be seen or reviewed by me," said Mohr.

"People who buy drugs online are playing Russian roulette," says a Customs official

Believe it or not, that's more scrutiny than some companies offer. We ordered the acne drug Accutane from MedsMex.com, which doesn't even require customers to fill out a medical questionnaire. With just a few mouse clicks and a credit-card number, a Web surfer can purchase dozens of medicines from the Mexican company. And when we purchased DXM from JLF Poisonous Non-Consumables in Columbus, Indiana, our order arrived in a plastic bag with a lengthy disclaimer warning us not to "eat, drink, inject, inhale, insert, absorb, snuff, snort, smoke or ingest in any way." Since we couldn't be sure what we really received, we had the powder tested by S. William Zito, a professor of pharmaceutical sciences at St. John's University, in New York City, and a former scientific adviser to the F... His lab results showed that we ha... fact, bought the real thing. "Th... very pure," says Zito. JLF claims... its products are intended to be us... incense or potpourri, in arts and c... projects, and for religious ritual... scientific research, but Zito ... that's absurd. "I can't imagine... possible way DXM would be use... artwork," says Zito. "It should ... be in the hands of experts conduc... scientific research—... teens or anyone su... the Internet." W... company owner M... Niemoeller ackn... edges that kids ... DXM to get high... says that it's parents' ... sponsibility to supe... their kids.

Compared with JL... MedsMex.com, the ... panies that require ... tomers to fill out h... questionnaires might seem safer ... even when a doctor does review ... forms, the physician has no way t... if a patient is lying about her weig... other vital statistics. When LH... dered Xenical, we were originall... nied the diet drug because the w... we entered was too low. No prob... we simply changed the weight an... order was approved. (Tania M... whose company filled our order, ... that the site should not have perm... us to make the change.)

Let's say you've ordered the ... medicine for your condition. Y... taken the drug before. Your p... cian approves. Is it still dangero... order from a rogue Web site? A... lutely, say authorities. First, th... no assurance that the medicine ... receive will be the real thing ... though Zito confirmed that the ... prescription medications w... ceived were authentic. "People ... buy these drugs from over... pharmacies are playing Rus... roulette," says Kevin Be... spokesman for the U.S. Cus... Service. "They may receiv... wrong drugs, or even counte... drugs." There's also a *(conti...*

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Why not push for the ultimate CoQ-10?



You may already know that CoQ-10 promotes a healthy heart. But what you should also know is that new Sundown CoQ-10 Ultimate™ uses a special CoQ-10 made with the patented BioSolv™ process. This CoQ-10 Ultimate is clinically shown to be better absorbed by your body than regular softgel products.

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DRUGS ONLINE

Your credit-card number might not be safe since some sites don't provide secure servers for transmitting financial information.

Regulation is too slow

Ordering from rogue sites is dangerous—but is it illegal? While experts disagree about whether a consumer is breaking the law by ordering nonaddictive drugs like Viagra, it's unlikely that the government will be looking to prosecute the buyer. Instead, state authorities are trying to crack down on the sellers. It's a frustrating process. Kansas, for example, carried out a sting operation against six Web sites, with the help of a 16-year-old boy who ordered prescription medicines using his real age. "We were unpleasantly surprised to find he was able to order Viagra and Xenical," says Kansas state Attorney General Carla Stovall. "Both drugs were delivered." The state filed lawsuits against the six companies, but Stovall admits that her actions have barely made a dent in the illegal pharmaceutical trade. "All we can do is stop these sites from operating in Kansas," says Stovall. "I can't stop them in Missouri or Colorado or North Dakota. By the time Missouri looks at them, they may have changed their name."

The federal government is starting to help with enforcement. Last summer, for example, the Federal Trade Commission (FTC) settled a lawsuit against a group of online pharmacies accused of false advertising. One of the companies, Focus Medical Group, billed itself as a "full-service clinic with a full-time staff dealing with the treatment of sexual dysfunction" that dispensed drugs like Viagra. In fact, according to the FTC, there was no clinic, and the firm's "network" of physicians consisted of one doctor.

The U.S. Customs Service is also trying to stop illegal pharmaceuticals from entering the country. But the rogue pharmacies are savvy at getting their goods past authorities. "Sometimes they'll be shipped in a brown-paper wrapper with something like Joe's Gift Shop as a return address," says Tom McGinnis, director of pharmacy affairs at the FDA. American officials have had little success at closing down foreign companies, since the U.S. government has no jurisdiction overseas.

Last year, Congress considered the Internet Pharmacy Consumer Protection Act, which would require online pharmacies to disclose their addresses and phone numbers, along with a list of states where they are licensed to do business. The measure would also allow states to win nationwide injunctions against illegal Web sites. Unfortunately, the congressional session ended without its passage.

Supporters are hoping that the current congressional session will be different—and they warn that the consequences could be dire if legislation does not pass this year. (To help push for a new version of the bill, see box above.) "Rogue sites are reinventing back-alley drug dealing," says former Pennsylvania Representative Ron Klink, one of the bill's original sponsors who lost his seat when he ran unsuccessfully for the Senate last year. "If we allow this wild, wild west of drug sales to continue, we might as well throw the whole regulatory system out the window."

Barry Yeoman has written for Glamour, Discover and Mother Jones magazines.

"I want safe online pharmacies"

At press time, Representatives Bart Stupak (D–Michigan) and John Dingell (D–Michigan) were getting ready to reintroduce the Internet Pharmacy Consumer Protection Act. Want law enforcers to get tough on these rogue Web sites? Contact your representative, urging him or her to co-sponsor or support the bill. Or, write to Representative Bart Stupak at 2348 Rayburn HOB, Washington, D.C. 20515.

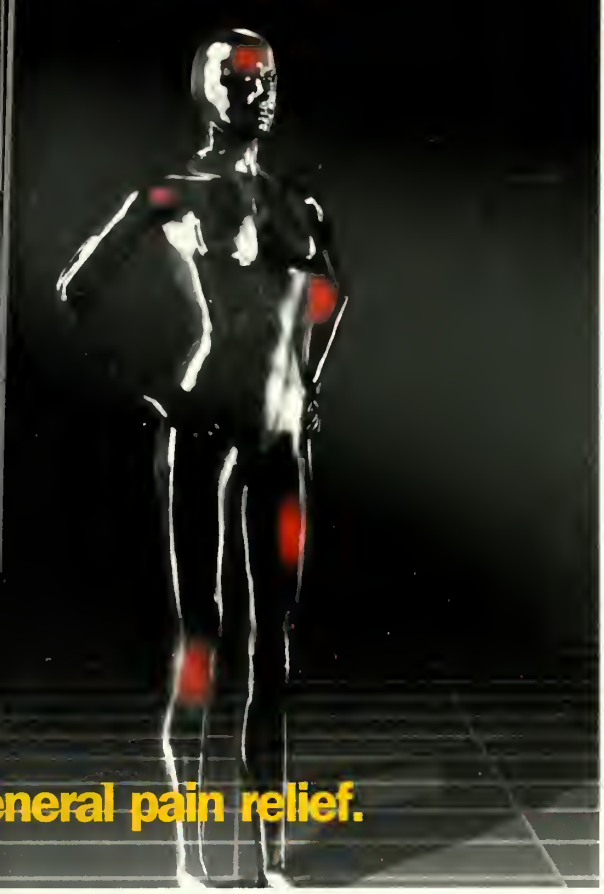
IMITREX™ (sumatriptan succinate) Tablets
Patient Information about IMITREX Tablets for migraine headaches
Generic name: sumatriptan succinate
Please read this summary of information about IMITREX before you ta
doctor or start using IMITREX. No summary can take the place of a c
cussion between you and your doctor. Only your doctor has the medi
and the complete prescribing information necessary to determine if this
is right for you. Once you read this summary, you should discuss w
doctor whether IMITREX is appropriate treatment for you and ask any
you may have.
WHAT IS IMITREX?
IMITREX is the brand name of sumatriptan, a drug intended to rel
migraine headaches but not to prevent or reduce the number of
headaches you experience. IMITREX should be used only to treat
migraine attack. IMITREX can be obtained only with a doctor's prescri
should be used by adults only after discussing the choice with your doc
into account your individual preferences and medical circumstances.
HOW DOES IMITREX WORK?
How IMITREX works is not completely understood. IMITREX is a 5-HT
that seems to relieve migraine headaches by acting like a brain chemica
hydroxytryptamine, causing some blood vessels in the head that are sw
ing a migraine to constrict (that is, to become smaller), which hel
migraine headache.
IMPORTANT SAFETY CONSIDERATIONS
Although the vast majority of patients who have taken IMITREX hav
perienced any significant side effects, some patients have experience
heart problems and, rarely, considering the extensiveness of IMITREX u
wide, deaths have been reported. In all but a few instances, howeve
problems occurred in patients with known heart disease, and it was
whether IMITREX was a contributing factor in these deaths.
Serious events relating to the blood vessels in the head (e.g., brain he
stroke) have been reported in patients who were taking IMITREX. Som
have resulted in death; however, the relationship of IMITREX to these
uncertain. In a number of these cases it appears possible that patients
experiencing a migraine but rather an event due to blood vessel disea
head. IMITREX was given in the incorrect belief that the person may h
suffering a migraine. Therefore, you should not take IMITREX if the hea
are experiencing is different from your usual migraine attacks. People w
from migraines may be at increased risk of certain blood vessel events in
(e.g., hemorrhage, stroke, or transient ischemic attack).
Ask your doctor about these and additional safety considerations.
WHO SHOULD NOT TAKE IMITREX?
Some types of migraine headaches should not be treated with IMIT
some patients should not take IMITREX because of an increased risk
side effects.
- If you have had a heart attack, stroke, transient ischemic attacks,
vascular disease (including ischemic bowel disease or Raynaud's syndr
any sort of heart disease or symptoms that are associated with cons
blood vessels, such as ischemic heart disease, angina, or coronar
vasospasm, you should not use IMITREX.
- If you have uncontrolled high blood pressure, you should not use IM
- If you are taking certain drugs for depression, talk with your doctor
should not be used if you take or have taken within the last
monoamine oxidase inhibitors (MADIs).
- Your doctor will discuss with you the type of migraine headaches yo
you have hemiplegic or basilar migraine, you should not take
IMITREX should be used only in patients who have been diagnosed b
cian as having migraine with or without aura.
- Tell your doctor about any other medications you are taking. If you ar
ly taking any migraine medications that include ergot alkaloids, such
sergide or dihydroergotamine, or other 5-HT$_1$ agonists, do not take
within 24 hours of taking these medications.
- Do not take IMITREX if you are allergic to sumatriptan or any of the in
in IMITREX.
- If you have severe liver disease, you should not use IMITREX.

**WHAT MEDICAL PROBLEMS OR CONDITIONS SHOULD I DISCUSS
DOCTOR?**
- If you have risk factors for heart problems, you should tell your do
doctor should examine you for heart disease to see whether IMITREX
priate for you. Risk factors include high blood pressure, high cholest
sity, diabetes, and smoking. Other patients with risk factors for hea
are women who are past menopause (whether natural meno
menopause resulting from surgery), men over 40 years old, or patie
family history of heart disease. If you have risk factors and your eval
heart disease is satisfactory, your doctor may ask you to take the firs
IMITREX in the doctor's office.
- Tell your doctor if you have chest pains, shortness of breath, or irreg
beats.
- Tell your doctor if you are taking selective serotonin reuptake inhibitors
- Tell your doctor if you have a history of epilepsy or seizures.
- Tell your doctor if you have liver or kidney problems.
- Tell your doctor if you have ever had to stop taking any medication b
an allergy or other problems.

USE OF IMITREX DURING PREGNANCY AND BREAST-FEEDING
Do not take IMITREX if you are pregnant, think you may be pregnant,
to become pregnant, are not using adequate birth control methods, or a
feeding, unless you have discussed this with your doctor.
HOW TO USE IMITREX TABLETS
For adults, the usual dose is a single tablet taken whole with fluids. A sec
may be taken if your symptoms of migraine come back or if you ha
response to the first dose, *but no sooner than 2 hours after taking the fi*
For a given attack, if you have no response to the first tablet, do not take
tablet without first consulting with your doctor. Do not take more than
200 mg of IMITREX Tablets in any 24-hour period.
**The safety of treating an average of more than four headaches in
period has not been established.**
WHAT ARE THE POSSIBLE SIDE EFFECTS OF USING IMITREX?
Do not rely on this summary alone for information about side effects.
tor can discuss with you a more complete list of side effects that may b
to you. The most frequently seen side effects are tingling and warm/co
tions with IMITREX Tablets.
- Some patients feel pain or tightness in the chest or throat wh
IMITREX. If this happens to you, discuss it with your doctor before
more IMITREX. If the pain is severe or does not go away, call yo
immediately.
- If you have sudden or severe abdominal pain after taking IMITREX,
doctor immediately.
- Shortness of breath; wheeziness; heart throbbing; swelling of the eye
or lips; or a skin rash, skin lumps, or hives happen rarely, but if they
you, tell your doctor immediately. Do not take any more IMITREX un
doctor tells you to.
- Some patients have feelings of tingling, heat, flushing (redness of the
ing a short time), heaviness, or a feeling of pressure after taking IMITR
patients may feel drowsy, dizzy, tired, sick. Tell your doctor about the
at your next visit.
- If you feel unwell in any other way or have any problem that you do n
stand after taking IMITREX, tell your doctor immediately.

WHAT SHOULD I DO IF I TAKE AN OVERDOSE?
If you have taken more medication than you have been told, contact e
doctor, a hospital emergency department, or the nearest poison cont
immediately.
HOW SHOULD I STORE IMITREX?
Be sure to keep your medicine in an area that cannot be reached by c
may be harmful to children.
IMITREX Tablets should be stored at room temperature and do not requ
eration. Do not store above 86° F (30° C) or below 36° F (2° C). Store a
heat and light. If your medication has expired (the expiration date is prin
label), throw it away as instructed. If your doctor decides to stop your
with IMITREX, do not save any leftover medication unless your doctor t
do so. Throw it away as instructed.

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Printed in USA IMC450R0 February 2001





hen you've got a *migraine*, get targeted migraine relief.

al pain relievers are made for general kinds of pain - like back aches or sore muscles. Prescription IMITREX is different. specifically for migraines, it was the first medicine of its kind believed to target the nerves and blood vessels that igger your total migraine–the throbbing pain, nausea, sensitivity to light and sound–without drowsiness. Eight million ne sufferers have already discovered IMITREX[1]. If migraines are disrupting your life, tell your doctor. And target your migraine with IMITREX Tablets.

EX is for the acute treatment of migraine attacks in adults. You should not take IMITREX if you have certain types of heart se, a history of stroke or TIAs, peripheral vascular disease, Raynaud's syndrome, or blood pressure that is uncontrolled. have risk factors for heart disease, such as high blood pressure, high cholesterol, diabetes, or are a smoker, you need evaluated by your doctor before taking IMITREX. Very rarely, certain people, even some without heart disease, have had s heart-related problems. If you are pregnant, nursing, or taking medications, talk to your doctor.

IMITREX is recognized as an effective treatment for migraines by the National Headache Foundation.

NATIONAL HEADACHE FOUNDATION

Educational funding was provided
in exchange for recognition by the NHF.

See the important information on the following page.

References: 1. Data on file,GlaxoSmithKline.

TARGET YOUR TOTAL MIGRAINE

IMITREX® SUMATRIPTAN SUCCINATE

For a free information kit: www.imitrex.com or call 1-877-IMITREX.

EMBRACE YOUR PACE



Always in a rush? Don't worry—that may be how you were born and how you function best in life

Is it better to be the slow and steady type, or the fast and furious kind? The answer may surprise you

By Shana Aborn

President George W. Bush is not what you'd call a poster child for life in the fast lane. As governor of Texas, he had little tolerance for briefings that ran too long, and made sure there was plenty of space in his schedule to work out and play video games. Since moving to the White House, he's still in bed by 10 P.M. By contrast, his predecessor, Bill Clinton, was notorious for burning the midnight oil, holding marathon meetings and packing activity into every minute of his day.

But though the new President may prefer to take life at a leisurely pace, that doesn't mean he's ineffective. Although the prolonged election battle left Bush not much time to spare before taking office, he appointed his cabinet members efficiently and began pushing several of his pet legislative initiatives.

The truth is, we all move at our own personal speed, and for the most part, that suits us just fine. The ones who juggle 10 balls in the air at once and don't know the meaning of downtime don't necessarily get more done, nor are they more tense, unhappier or even unhealthier than those who prefer marching to a slower drummer. Where we go wrong, say experts, is when we expect everyone around us to conform to our own preferred tempo.

Doing what comes naturally

The speed at which we move through life seems to be hardwired into us right from the start. "You can judge children's pace and temperament in the nursery by observing how quickly they move and react," says Robert Billingham, Ph.D., a human development and family studies professor at Indiana University, in Bloomington. "Even though parents may have different expectations for their child, you still find slow-paced children in fast-paced homes, and vice versa."

In scientific terms, people who enjoy keeping a busy schedule are known as *polychronic*, while their more single-minded counterparts are *monochronic*. Jay D. Lindquist, Ph.D., a professor of marketing at Western Michigan University, in Kalamazoo, and Carol Kaufman-Scarborough, Ph.D., of Rutgers University, in Camden, New *(continued)*



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9 mg "tar," 0.7 mg nicotine av. per cigarette by FTC method.

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SURGEON GENERAL'S WARNING: Cigarette Smoke Contains Carbon Monoxide.

ENHANCE YOUR PACE

[illegible] conducting an ongoing [illegible] types. "What's interesting is that polychronic people, more than monochronic ones, tend to feel they accomplish in a day just about everything they set out to do," says Lindquist. "They also perceive themselves as handling pressure better than monochronic people, who are more methodical and don't like change."

While you might expect that a leisurely paced person would be better organized than a multitasker, Lindquist says that monochronic folks actually have trouble getting their act together, and tend to put off things because of their focus on accomplishing tasks in a certain order.

Several decades ago, some highly publicized studies indicated *(continued)*



AT THEIR OWN PACE

[illegible] to continue to [illegible] not only for the type of [illegible] but also because they [illegible] their temperament [illegible] women who found their niche

Jeannie Tsai, emergency-room doctor As a fourth-year resident at L.A. County USC Hospital, Tsai, 27, often treats 10 or more patients at a time, victims of everything from car wrecks to gunshots. "I chose this specialty because I knew it would keep me interested and medically challenged," says Tsai. "The more pressure I'm under, the better I function."

Bethany Reynolds, quilter Once the owner of a retail quilting store, Reynolds, 42, quit after her son was born nine years ago and launched BSR Design, Inc., a business she runs from her home in Ellsworth, Maine. "Quilting is what I do to relax," she says, "and I'd do it even if it weren't my job."

Mary Ann Cricchio, restaurant owner For 17 years, Cricchio, 39, and her husband have run Da Mimmo Finest Italian Cuisine, in Baltimore's Little Italy. When she's not keeping the books and hiring entertainers, Cricchio serves on the boards of various restaurant associations. "I love this profession, because there's something different going on every day," she says. "It's like having four jobs in one."

Nelda Parkel, stable operator After working for 15 years at a busy insurance company, Parkel, 43, was tired of being a harried multitasker. She found her dream career three years ago when she was offered the job of concessionaire for the Franklin D. Roosevelt State Park, in Pine Mountain, Georgia. The work involves grooming the horses and maintaining the stables and horse trails. "I put in the same number of hours, but I don't have a clock to punch," says Parkel. "To me, it's not work."

PATIENT INFORMATION ABOUT LAMISIL® TABLETS
Generic name: terbinafine (tur-bin-uh-feen)

Please read this as well as any other information your do gives you about LAMISIL (terbinafine HCl tablets) Table fungal infections of the toenail or fingernail Only a doctc other qualified healthcare professional has the training n sary to determine if LAMISIL Tablets are right for you

What are LAMISIL Tablets?
LAMISIL Tablets are a prescription medicine for the treat onychomycosis (on-ee-ko-mi-ko-sis)

What is onychomycosis?
Onychomycosis is a fungal infection of fingernails or toe Because the fungus infects the area underneath the nail the place where the nail forms, it can be very stubborn a cult to cure. The infection may cause some or all of the f ing the nail can turn colors like white yellow or brown become thickened and brittle. Additionally it may be pair some people

How do LAMISIL Tablets work?
When you take LAMISIL Tablets, the active ingredient terb travels to the infected area under the toenail or fingernail Because terbinafine accumulates and lingers in the area nail that is growing, it can continue to work for months after your prescription is finished allowing the nail to he rally over a period of time

How to take LAMISIL Tablets
Patients take one 250 mg tablet per day (it may be taken or without food) You should follow your doctor's advice to take LAMISIL Tablets. Be sure to take the complete co your medicine. For toenail infections, treatment time is 12 For fingernail infections, treatment time is 6 weeks It is tant to note that the complete healing process often take least 10 to 12 months for toenails and 4 months for fing This is due to the length of time it takes for the new nail grow in

Who should not take LAMISIL Tablets
LAMISIL Tablets should not be taken by anyone allergic of its ingredients.

You should be aware of these warnings and precautio taking LAMISIL Tablets
- As with all medications, you should discuss any side e you experience with your doctor or healthcare professi
- Rare instances of serious liver problems or skin reactic been reported in patients using LAMISIL Tablets In suc treatment with LAMISIL should be discontinued Your may ask you to undergo tests before and during treatn LAMISIL Tablets.
- In clinical studies, 0.9% of patients taking LAMISIL Tat continued therapy because of a skin rash In rare cases skin reactions could indicate a serious side effect If yc a rash, stop taking LAMISIL and call your doctor
- Isolated cases of decreases in white blood cell count h reported In all of the reported cases to date, these hav reversible
- Patients with liver disease or kidney problems should LAMISIL Tablets
- If you have problems with your immune system, your h may need to monitor your white blood cell count caref you take LAMISIL Tablets for more than 6 weeks In sc cases, LAMISIL therapy may need to be discontinued.
- Changes in the retina and lens of the eye have been rej following the use of LAMISIL The significance of these is not known. In clinical studies, 0.9% of patients disc taking LAMISIL because of visual disturbances
- The tumor-causing potential of LAMISIL has been exar numerous studies in mice, rats, dogs, and monkeys M given a daily dosage approximately 13.8 times the max recommended human dose based on body weight, sho marginal increase in the incidence of liver tumors. No in tumors was noted in a wide range of studies in mice and monkeys. These tests suggest that this is a findinc to rats.
- No studies with pregnant women have been done to ev the safety of LAMISIL Tablets Because treatment of on cosis can be delayed until after pregnancy is completed Tablets should not be taken by pregnant women
- The active ingredient of LAMISIL Tablets, terbinafine, i in the breast milk of nursing mothers. Therefore, LAMI Tablets should not be taken by nursing mothers
- No studies have been done in children to evaluate the LAMISIL Tablets.
- Talk to your doctor or healthcare professional before c ing LAMISIL Tablets with any other medications Certa cations, including Tagamet® and rifampin may affect th at which LAMISIL is eliminated from the body Howeve some other antifungal medications. LAMISIL Tablets h used safely with many commonly prescribed medicatio as Zantac® Lanoxin® Zocor®, or oral hypoglycemic a

Possible side effects
Most patients tolerate treatment with LAMISIL Tablets v However, like all prescription drugs, LAMISIL Tablets m some side effects in some people These side effects, as mined by three clinical studies, were mild and in genera lead to discontinuation of treatment with LAMISIL Table most commonly reported side effects were headache, w occurred in 12.9% of patients, gastrointestinal symptom including diarrhea (5.6%), upset stomach (4.3%), taste bances (2.8%), nausea (2.6%), abdominal pain (2.4%), lence (2.2%), rash (5.6%), itching (2.8%), hives (1.1%), abnormalities in laboratory tests of liver enzymes (3.3% some cases, these complaints were no more frequent th patients taking placebo (sugar pill)

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EMBRACE YOUR PACE

Continued from page 88

[illegible] track. "Type A" personalities were the ones most at risk for heart disease and other stress-related illnesses. However, researchers today seem to be moving away from the notion that pace by itself affects health, says Billingham. Instead, they're looking to other factors, such as hostility level and negative emotions like guilt.

Indeed, many multitaskers enjoy their active lives. Andrea Pass, 40, vice president of Maximum Exposure Public Relations, in Woodcliff Lake, New Jersey, divides her day between meetings at work and shuttling her two children to after-school activities. In her limited spare time, she volunteers for Hadassah, the Jewish Zionist women's organization, and her daughter's Brownie troop. But she couldn't be happier. "I thrive on being busy," says Pass. "It means I'm learning new things."

And the monochronic folks of the world don't necessarily wish they could pick up their pace. K.B. Basseches, Ph.D., an assistant professor and coordinator of art education at Shepherd College, in Shepherdstown, West Virginia, likes her job best when she can teach several classes on the same subject in one semester instead of preparing lesson plans on five different topics. "I also prefer distant deadlines," says Basseches, 39. "It took me a year and a half to plan my wedding."

Of course, there's room for flexibility on both sides. The slowpokes of the world do learn to adapt to a speedier environment. By the same token, the fast-paced ones can still enjoy doing nothing at all if they put their minds to it. Pamela Rosser Thistle, 32, who runs her own public-relations company from her home in Philadelphia, planned her wedding with her usual efficiency. But once she and her new husband boarded the plane to Paris, she put all thoughts of work out of her mind. "When I'm away, I'm away," she says. "Once I'm apart from that atmosphere and can't be reached by my clients, I'm okay."

When speed becomes a problem

Where fast and slow people alike r[illegible] into trouble is when they live [illegible] work with people who operate at [illegible] speed different from theirs. A multi[illegible] tasker may despair of a slow-la[illegible] husband who doesn't get ma[illegible] chores done on the weekend, or [illegible] child who takes her time getti[illegible] ready for school. "The person w[illegible] the faster pace has a far greater dif[illegible] culty dealing with the other perso[illegible] behavior," says Billingham.

For the unhurried, the office can [illegible] a particular source of frustration. W[illegible] workplaces becoming increasing[illegible] high-tech and high-speed, it's easy [illegible] feel left behind if you don't work w[illegible] in that atmosphere. "There are cert[illegible] deadline and performance expec[illegible] tions in the office, and if you're a r[illegible] thodical person, you're slowi[illegible] everyone down," says Billingham.

Suzanne Hilleary, a 39-year-[illegible] personal manager for music-indus[illegible] professionals, admits that her bre[illegible] neck pace can be hard for others [illegible] keep up with. "I have no tolerance



le with no sense of urgency or
,' says Hilleary, who lives in Jer-
'ity, New Jersey. When she and
f her sisters tried to go into busi-
together, their clashing work
ms were their downfall. "I love
ister, but it just didn't work," says
ary. "It was difficult for her to
up with me."

ll, the less speedy among us are
valuable staff members. A multi-
r may overlook details in her rush
complish 10 things by quitting
, but a less hurried worker will
e sure all the facts are in place be-
turning in a project. And while
g a speed demon may be an ad-
age in some professions, there are
r jobs where a methodical ap-
ch is preferred. "Slow people tend
e the inner-focused philosophers
artists," says Billingham. "A
ter won't say, 'This painting has
e done by four o'clock.'"

ting in sync

at can you do about the people in
life who don't share your preferred pace? First, acknowledge the fact that their style is their own, and that it's not wrong to be a fast or slow person. "Society can't exist without both," notes Billingham.

A better solution is to figure out others' natural rhythm and make it work to everyone's advantage. If you're a meticulous type with a go-getter manager, ask her which projects she considers top priority so you can give yourself plenty of time to finish them, and ask for a precise deadline for each one. If you're the speediest member of a low-key team, delegate appropriate tasks, such as research, to the slower staffers. Still, if the pace of your job consistently makes you miserable, you might look into a line of work better suited to your own style. (For a look at some women who did, see "At Their Own Pace," on page 88.)

Mixed-pace couples can avoid driving each other crazy by finding ways to accommodate each other's tempos. When possible, chores should be classified by their urgency, with the faster person responsible for the more pressing tasks. For a joint project such as planning a vacation, the slower spouse could spend an afternoon comparing airline prices online while the quicker one could make the hotel reservations, jot down a packing list and arrange to have the mail delivery suspended.

While the important thing is to feel good about the pace you were born with, it's still not a bad idea to try a temporary change once in a while. If you're the full-Filofax type, taking a slow-down day can give you a new perspective. Susan Palombo, a 40-year-old ad executive from New York City, finds that walking to work instead of taking the subway calms her and frees her to absorb sights she might otherwise miss.

Still, Palombo adds, nothing will ever make her life slow down to a permanent crawl. "I'm happiest when I have a full schedule," she says. "Balance is not defined as 'x-percent' downtime; it's in the way you approach your activities. I just want to experience as much as I can."



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WHAT'S YOUR SPIRITUAL IQ?



Getting back to nature will help boost your spirit

It's the secret weapon that will help you cope with the hassles of life. Here's how to put spiritual intelligence to work for you

By Dianne Hales

Her ex had done it again. After missing their 10-year-old daughter's dance recital, he showed up the following day with a bouquet of roses. "My first impulse was to tear in to him," admits my friend Jennie. Then some phrases popped into her mind: "He loves her. She needs him. Let it be." Taking a deep breath, she listened to this inner voice and said, "Natalie's going to love the flowers." And for at least one brief, shining moment, there was a little more peace on earth.

What happened? Without consciously realizing why or how, Jennie had reached beyond reason to a deeper level of understanding, a newly recognized way of knowing that psychologists have dubbed "spiritual intelligence." Our spiritual intelligence quotient, or SQ, helps us understand ourselves, and live fuller, happier lives.

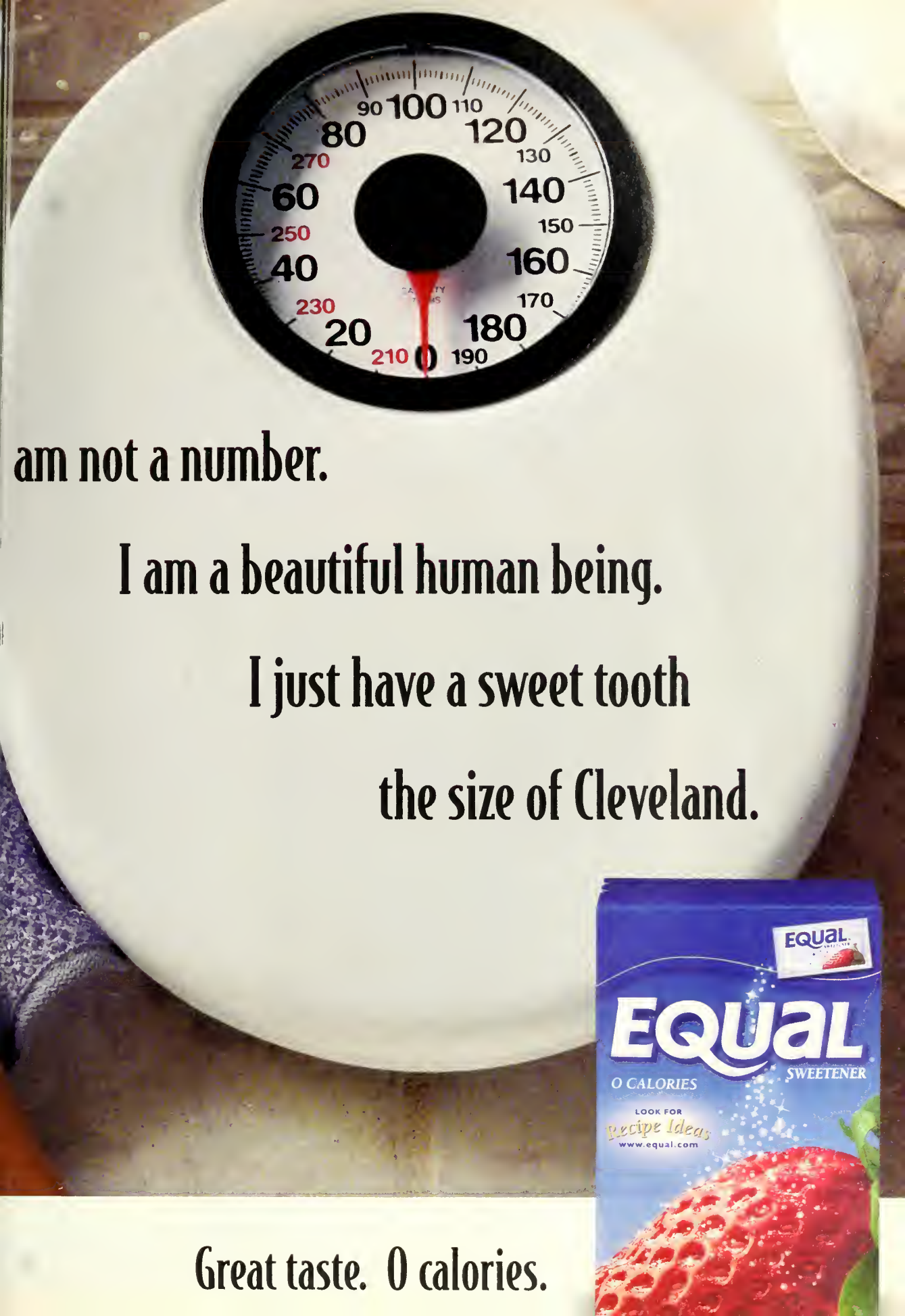
"Spiritual intelligence is the capacity to sense, understand and tap in to the highest part of ourselves, of others and of the world around us," says consultant and researcher Paul G. Stoltz, Ph.D., author of *The Adversity Quotient at Work* (Morrow, 2000). He believes that this source of inner serenity may be our best defense against the hassles that barrage us every day. According to Stoltz's polls of more than 100,000 men and women around the world, the number of adversities people report—ranging from minor miseries to major blows—has soared from seven a day 10 years ago to 23 today. Women report even more tribulations: a whopping 30 a day.

While we're all born with SQ, most of us aren't even aware that we have it. Fortunately, you don't have to sign up for classes to learn how to enhance your SQ. Here are some simple steps that can lead you to this new level of understanding:

SIT QUIETLY. The process of cultivating spiritual intelligence begins in solitude and silence. "Most spiritual traditions involve an inner wisdom," says Dean Ornish, M.D., the pioneering cardiologist who incorporates spiritual intelligence into his mind-body therapies. "It speaks clearly, but very softly."

To tune in to its whisper, you have to turn down the volume in your busy, noisy, complicated life and force yourself to do nothing at all. Start small by creating islands of silence in your day. In the car, instead of reaching for the radio dial, use the time to reflect. At work, shut the door to your office between meetings, take a few deep breaths and let them out very, very slowly. Savor the stillness in your home after the kids are finally in bed.

STEP OUTSIDE. For many people, nature sets their spirit free. "Being outdoors gives us a sense *(continued)*


am not a number.
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I just have a sweet tooth
the size of Cleveland.
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(continued) of timelessness," says Stoltz. "It puts the hassles of daily living into perspective."

Go outside to watch a beautiful sunset. If you're walking the dog, take the time to admire an azalea bush in bloom. Follow the flight of a bird; watch clouds float overhead. Gaze into the night sky and think of the stars as holes in the darkness letting heaven shine through.

FIND AN ACTIVITY YOU ENJOY. Because so much of her work as a librarian involves mental labor, Dawn Work, 38, of Des Moines, needed a less cerebral way to tap in to her spirit. "I'm no good at meditation, so I've learned how to weave," she says. "To me, it's a means of getting to know myself."

It's important to find a hobby like Work's that helps you tune in to your spirit. Garden, walk or jog, arrange flowers, listen to music that touches your soul.

ASK QUESTIONS OF YOURSELF. Some people use their contemplative time to focus on a line of Scripture. Others ask open-ended questions, such as "What am I feeling? What are my choices? Where am I heading?"

But don't expect an answer to arrive via some supernatural form of e-mail. "Rarely do I get an immediate answer to my questions," says Reverend Joan Carter, a Presbyterian minister in Sausalito, California. "But later that day I suddenly find myself thinking about a problem from a perspective I never considered before."

TRUST YOUR SPIRIT. Paula Luedtke, 47, had been hoping to heal a breach with her 26-year-old daughter. One day last summer, a woman telephoned her and said, "Mom?" For a moment Luedtke thought it might be her own daughter. When she discovered that it was a wrong number, she told the caller that she hadn't talked to her daughter for 10 years. "This stranger said, 'You should call her right now.' I realized I had just been sent a message: I called my daughter, and we talked for two hours."

Spiritual intelligence can speak not just through others, but through your own body. "Often, I feel a relaxation in my stomach," says Dawn Work. "I just know that something is right."

While most of us rely on gut feelings to alert us to danger, spiritual intelligence usually nudges us, not away from, but toward some action that will lead to a greater good.

This is a lesson that Charlene Baumbich, an author and speaker in Glen Ellyn, Illinois, has learned well. Several years ago she was convinced that she couldn't write a book she'd contracted to do. The day before she planned to scuttle the deal, she went to a crafts fair. There Baumbich found a photograph of a chubby toddler opening a treasure chest—out of which flew butterflies. "There was a voice that said, 'Just open the lid. Write the first word.'" So she did. And that book, *How to Eat Humble Pie and Not Get Indigestion* (Arbor Hill, 1997), was a success. Her advice to other women curious about tuning in to their inner wisdom: Take the first step. Peer inside yourself. And don't be surprised if you find butterflies.

Dianne Hales is a contributing editor of Ladies' Home Journal.

THE SPIRITUAL BOOKSHELF

To learn more about spiritual intelligence, experts recommend:

Meditation: The Complete Guide, by Patricia Monaghan (New World Library, 1999). A description of almost 50 types of meditative practices.

Working on God, by Winifred Gallagher (Modern Library, 2000). A former Catholic and agnostic explores the roles religion and spirituality play in her life.

A Woman's Journey to God, by Joan Borysenko (Riverhead, 2000). How to have a deeper, more meaningful spiritual life.

The Spiritual Intelligence Handbook, by Father Paul Edwards (Emmanuel Meals, 1999). Also available at *www.emmanuelfullerton.org*. Practical advice on discovering and using inner wisdom.

The Road Less Traveled, by M. Scott Peck (Simon & Schuster, 1997). The best-selling guide gives psychological and spiritual advice.

www.spiritualityhealth.com offers self-tests, guidance on spiritual practices and resources for people on spiritual journeys.

www.spirituality.org An interactive monthly magazine dedicated to current themes and questions concerning Christian faith.

www.beliefnet.com An eclectic, informative guide to different forms of religion and spirituality.

—*D.H.*



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"I finally quit drinking"

For years I thought my problem was under control. Then, one hangover changed my mind—and started me on the long road to recovery

By Debbie Seaman. Photographs by Julie Bidwell



Stopping for short periods wasn't enough; I had to quit for good

Women and Drinking:

- Number of Americans with a drinking problem: **13.8 million**
- Number of women with a drinking problem: **4.5 million**
- Age at which most female alcoholics start drinking: **13**
- Estimated number of children who live in households with at least one alcoholic parent: **6.6 million**

Source: The National Institute of Alcohol Abuse and Alcoholism

I stumbled almost blindly out of bed, my head splitting, my stomach on the edge of upheaval, my mouth parched, my nerves raw and my hands trembling. It was all I could do to put one foot in front of the other, and I found myself, not for the first time, so overwhelmed with despair and dread that I wanted to die.

The insanity of it all was that this was a time when I should have been on top of the world. A 35-year-old single writer who was attractive, athletic and vivacious on my good days, I had just managed to secure the job I once only dreamed of.

But I was also a full-blown alcoholic. And all the pretty trappings, all the glamour and good fortune in the world couldn't cushion me from the ravages—emotional, spiritual and physical—wreaked by my addiction.

> Though I tried, I couldn't break the cycle, and I continued to slip and slide between drinking and sobriety for years

Although I'd had countless hangovers like this one, which would send a nonalcoholic reeling into the nearest emergency room, this time the pain and fear were bad enough to become powerful catalysts for change. I looked past the puffy face and rhino eyes in the mirror and saw my life clearly for the first time in many years. I stood at the head of a diverging road. The path on the left, a booze-soaked route with landmarks like sickness, insanity, decline and death, spiraled into darkness. The trail to the right—solid, sylvan and sun-dappled—disappeared into the woods. At that time, the latter was nearly as frightening as the hellish alternative.

The truth is, as destructive as my drinking had grown, it was a known entity and therefore perversely comfortable. I'd tried to quit drinking before, but my abstinence would last only about a month, until I pondered how utterly alien life would be without alcohol.

My drinking, while never normal, had not always been so injurious. At 14, overcome with curiosity about this cultured convention called the cocktail hour, I stealthily mixed some of my parents' gin with a soft drink and crept up to my room to drink it. At once, I felt and then craved the liquor's radiating warmth. I was no more mixed up than most teenagers, yet from the get-go I felt that cursed compulsion that is difficult for nonalcoholics to comprehend, to have another drink, and another and another.

And that's exactly what happened that first time I drank. Even though alcohol was anathema to my system, I was determined through my teenage years to overcome any adverse reactions my stomach had toward it. I doggedly sought to recapture and maintain that glow. *(continued)*



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FIRST PERSON

Continued

For a while, drinking seemed to facilitate rather than hinder my social life. I graduated from college, where I'd given great parties, and got a newspaper job in California, where I threw even better barbecues. I moved to Manhattan, began working at a magazine and reveled in the city's dazzling nightlife.

Most people couldn't discern the dark side of my drinking back then. But I was occasionally experiencing frightening blackouts, and the hangovers were increasingly taking their toll. Then there were my dating debacles: I wanted a nice husband and a family, yet I continued to try to create meaningful relationships with men I'd meet while intoxicated. That these relationships were doomed to fail seemed a surprise only to me.

Most puzzling of all was why I couldn't kick my habit. Like many practicing alcoholics, I'd sometimes go on self-imposed two- or three-week-long sabbaticals from drinking to prove I was in control. Then the roaring dragon within would demand that its thirst be quenched. I'd break down and have that first drink, then watch helplessly as the whole destructive cycle would begin anew. I didn't know that the only way I could put my disease in remission was by renouncing alcohol entirely.

In fact, I didn't know much about alcoholism. Neither of my parents were alcoholics, and there were only the occasional vague references to alcoholics in my extended family. I knew the American Medical Association had declared alcoholism a disease, but I guess that I figured it was something one drank oneself into, not part of one's genetic makeup, a malevolent seed just waiting to be watered. I believed that somehow I would regain the upper hand eventually.

Alcoholism, however, is more a vise than a vice. There were times I'd polish off nearly a liter of vodka alone at night, then be so hungover that I couldn't make it to work. The next evening I'd justify taking a drink telling myself I'd just finish off w was left in the bottle. Imagine shock and fear when I'd wake hungover the next morning to see t the new bottle of vodka, which raced out to buy before the liquor sto closed, was three quarters empty!

In a word, I was powerless. Ye continued to slip and slide betwe drinking and sobriety for years. I that day at the crossroads, standing front of my mirror, I felt someth click. I realized that I could call t Day One, keep counting and mo away from it, and never have to co back to this miserable place again.

I didn't skip into the sunset. Ea sobriety is no fairy tale for a recov ing alcoholic, and there are no qu fixes. As a drinker, I'd loved to w eloquent about my feelings; yet, cause the alcohol anesthetized a pain that would lead to growth. I l turned my inner life into a hams wheel, recycling feelings and exp ences without achieving any insight

ber, I found molehills became
ntains; even ordinary challenges
meeting a story deadline seemed
ous because I had to process the
ety instead of numbing it. Every
this would happen, I'd be reward-
y a growth spurt, and my decision
t sober would be reinforced. Fur-
nore, my mercurial moods, which
ally fluctuated like an electro-
iogram between elation and de-
sion and made both my work and
onal life seem inordinately over-
lming, gradually stabilized.

Most important, I sought help from
ow recovering alcoholics at sup-
meetings I attended nearly every
ning after work. When I went
ugh my most difficult period of
ring alcohol—which surprisingly
not the first week but from about
fifth to the eighth month—I raised
hand in meetings and talked truth-
y about how I was feeling, opening
door for others to help. I tried to
e everything a day at a time. If I
n't had a drink that day, I told my-
I was a success.

Then one day, about nine months into sobriety, I realized that the craving to drink had vanished. Twelve-plus years later, I can say that with the exception of a fleeting second here and there when a frosty glass looks attractive, it hasn't returned.

There were more epiphanies to come. Once, when I queried a recovering alcoholic whose independence and serenity I coveted, she blithely informed me that she'd become that way through pain. I cringed. Then, less than a year later, I was in agony myself because the love of my life, a fellow recovering alcoholic, was afraid to commit to our relationship and thus on the verge of calling it off. I went into an unprecedented depression, certain that this man did not love me enough because I wasn't worthy.

> Surprisingly, I craved alcohol most from the fifth to eighth month of sobriety—not that first week

While struggling with this personal crisis, I dragged myself off for a run in the country. There, on a deserted road dissecting cow fields, tortured by the elusiveness of self-esteem, I was struck like a lightning bolt with an image of myself as a good and strong person. It was as if cataracts were removed from my eyes, and I was finally able to see myself as the fighter that I was—capable and deserving. At that moment, I realized that I would be okay even if this relationship did not go forward, and that this man's fear was an issue separate from my self-worth. Suddenly, instead of hollow, I felt whole.

A spiritual experience? It certainly felt like it. In retrospect, I realize that I had to learn to stand on my own two feet before I became a wife and mother. I had to learn that it's alcohol that kills us; feelings won't. *(continued)*

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Twelve years after I chose sobriety, I now enjoy every moment with my twin sons

(continued) Today I'm married with beautiful twin sons, who will be 7 in July. While I desperately want them to be spared the hell alcohol put me through, ultimately I know I can't control their choices or actions. What I can instill in them, however, is an awareness that alcoholism is a disease they stand a strong chance of inheriting and that they, too, could be seduced by a substance that takes on the guise of a best friend and turns out to be a mortal enemy.

Fortunately, I have someone to back me up. It's that fellow recovering alcoholic who, once I realized I didn't need him to feel good about myself, felt good enough about me to become my husband. ■

HOW TO GET HELP

When writing her book, *Happy Hours: Alcohol in a Woman's Life* (Cliff Street Books, 2001), which melds the latest research and personal stories, author Devon Jersild interviewed women from a variety of social, racial and geogrophic backgrounds who had won their battles against alcohol. Although their circumstances were different, for many women the turning point was the same. "It was the moment when she realized that she wanted power back," says Jersild. Adds Nancy Waite-O'Brien, Ph.D., director of psychological services at the Betty Ford Center, in Rancho Mirage, California: "Realizing she's living a life other than the one she had in mind," is often whot makes a woman alcoholic decide to seek treatment.

Unfortunately, for some, that moment never comes. That is why, experts agree, friends ond family must step in and help. "When somebody who's important to her says, 'I'm worried about you,' most likely a woman with a drinking problem will move into treatment," says Waite-O'Brien. However, it's not enough to merely express your concern. "Gather information in advance, so you have some phone numbers right there," advises Jersild, "and be willing to help her make thot first call or accompany her to the initial treatment."

Recent studies and clinical experience suggest that women alcoholics' needs are better met in single-sex treotment programs. In these settings, women ore more likely to discuss problems that may have contributed to their drinking, such as incest, rape and physical abuse. These groups also differ philosophically from mixed-sex groups, such as Alcoholics Anonymous. Women For Sobriety, o self-help group for female addicts, has some 300 chapters across the country and abroad. The country's best-known in-patient clinics, Betty Ford and Hazelden, in Minnesota, also offer women-only programs.

Jersild advises women to try different treatment methods until they find one they're comfortable with. Local and stote sociol-service agencies, os well as the United Way, will be able to put you in touch with groups in your area. Information is also available from:

Alcoholics Anonymous
www.alcoholics-anonymous.org
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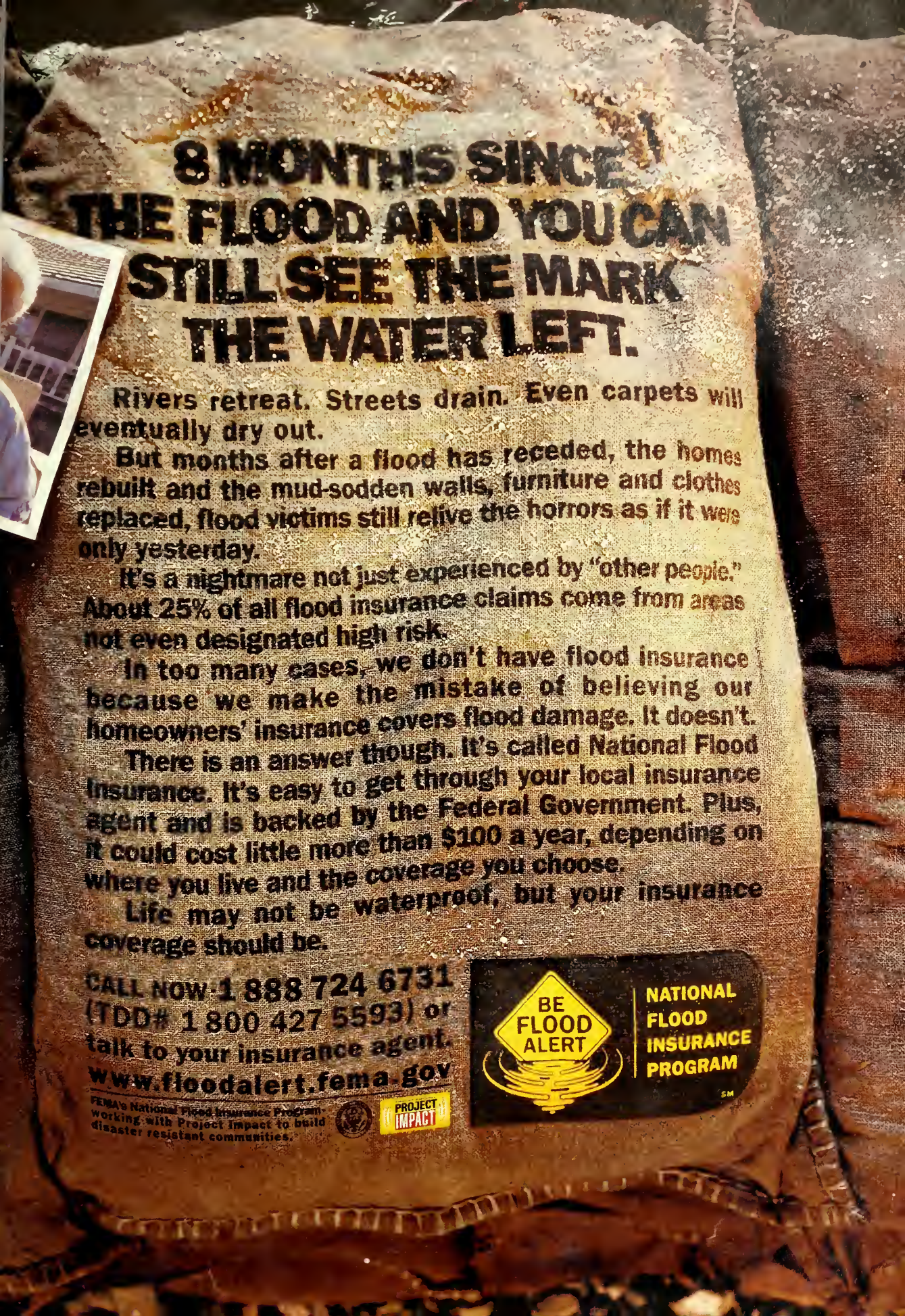
Hazelden
www.hazelden.org
P.O. Box 11, CO3, Center City, MN 55012-0011
800-257-7810

Caron Foundation
www.caron.org
800-678-2332

National Council on Alcoholism and Drug Dependence, Inc.
www.ncadd.org
20 Exchange Place,
Suite 2902,
New York, NY 10005
212-269-7797

National Association of Addiction Treatment Providers
www.naatp.org
501 Randolph Drive,
Lititz, PA 17543
717-581-1901

—Jennifer Hoppe


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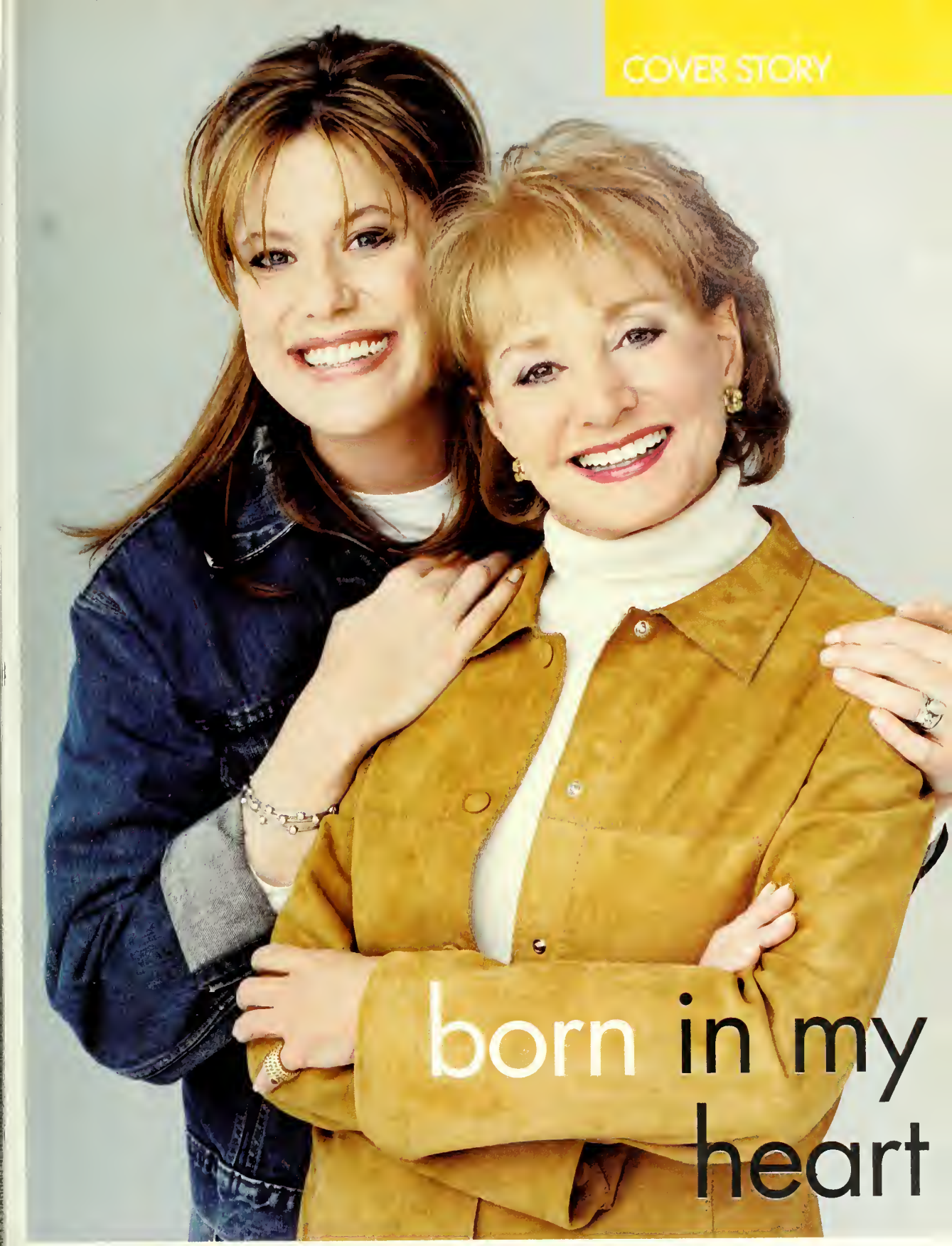


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born in my heart

Barbara Walters opens up as never before about her daughter, the perils of being a celebrity mom, and the risks and rewards of adoption

By Judith Newman. Photographs by Michael O'Neill

Barbara Walters [illegible]

And I was supposed to be interviewing *her*.

But it's hard not to become misty when the first lady of TV talks about her daughter. Not her "adopted daughter," a term she hates, but her daughter, who happens to be adopted. Walters, a woman not given to public displays of emotion, is describing the first time she held her child in her arms.



HER MOTHER'S DAUGHTER Walters strikes a proud parent's pose as she shows off daughter Jackie at about one month old

"That's the thing about adoption that most surprised me: how, the second this child is in your arms, she is yours. Not only for me, but for my family—my mother and father and sister. The power of that love!"

Walters, as usual, is immaculate in an Oscar de la Renta suit and teetering Manolos. We are sitting in her sunny corner office, festooned with porcelain vases and a large Hirschfeld caricature of her. Jackie, her only child, now in her early 30s, holds a place of honor in the mix of photos and memorabilia.

"I remember," continues Walters, "my husband [Lee Guber, the theater producer] and I would tiptoe into her room and whisper, 'She's still here!' One day you don't have a child, and the next day you do." Walters blinks, then dons an enormous pair of leopard-print sunglasses. The Queen of Other People's Secrets doesn't give away too many herself.

With 40 years on TV, Barbara Walters has long been as famous as the celebrities and heads of state she profiles. But this is the first time she has spoken so candidly about her child. She had to wait until Jackie was ready—and until *she* was ready. On April 20, ABC airs a special hosted and co-executive–produced by Walters called *Born in My Heart: Love and Adoption*. It may be Walters' most personal work to date.

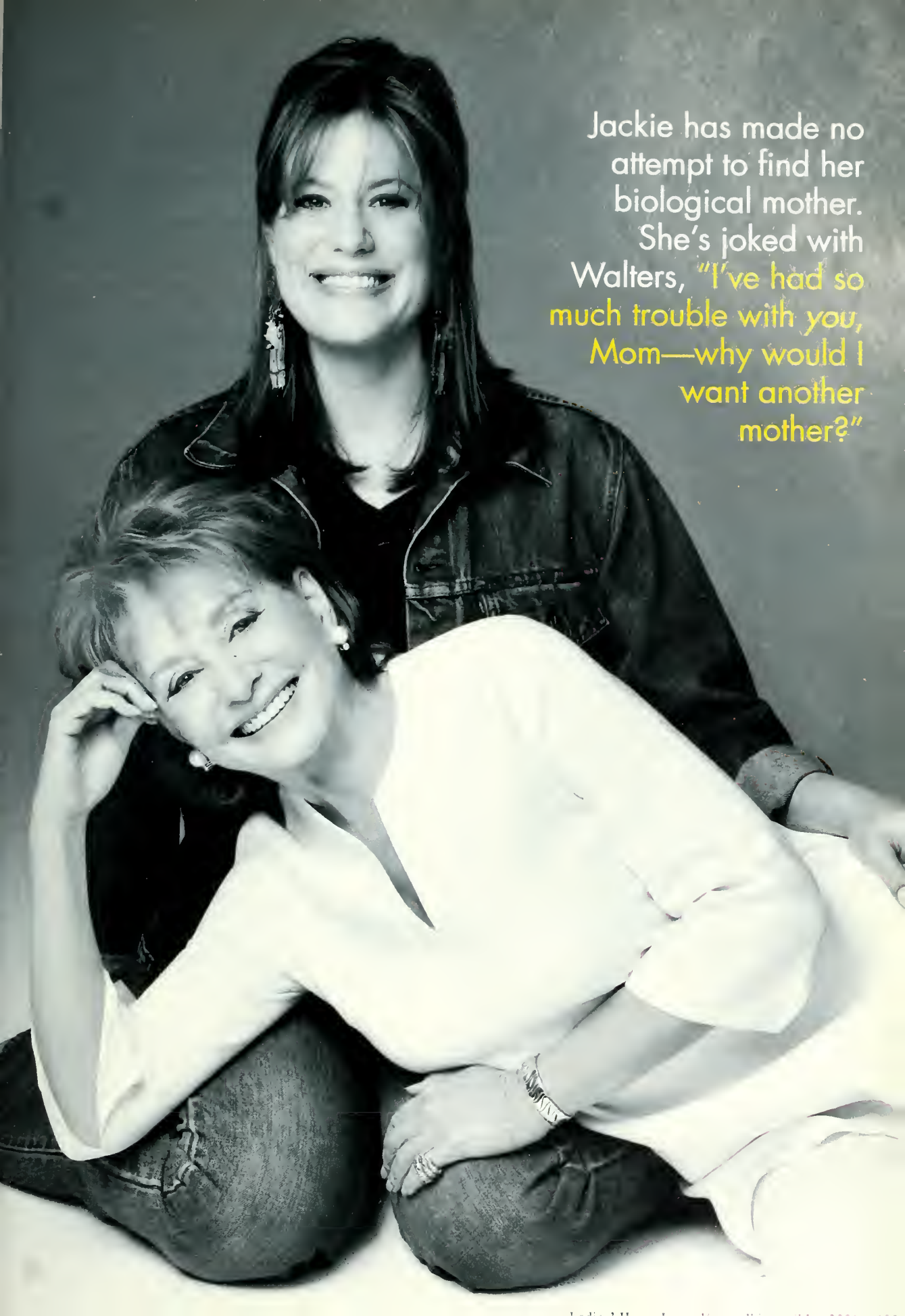
Every year, there are about 120,000 adoptions in the U.S. Within the past few years, a number of celebrities have chosen to adopt children, including Sharon Stone, Michelle Pfeiffer, Jamie Lee Curtis and, more recently, Calista Flockhart—and many of them have openly discussed their decision to adopt. But Walters didn't want to do a splashy celebrity show: "I wanted to do a piece on the personal stories of people right here in our ABC family." Interviewees include not only such on-camera personalities as Connie Chung, but also producers, directors and writers (not to mention Walters herself).

Even the show's title comes from the *20/20* anchor's own experience. At a time when many people did not tell their children they were adopted, Walters never considered *not* telling. But she needed an explanation she felt her child could understand. "My daughter and I would be splashing in the tub—I loved taking baths with her—and I said, 'There are two ways mommies have babies. Sometimes they carry them in their tummy'—I know 'tummy' is politically incorrect today, but that's what I said—'and sometimes a mommy can't carry a baby in her tummy. So she carries hers in her heart. You were adopted, so you were born in my heart.'" Walters knew this explanation carried some weight. When she "adopted" a poodle, *Sale gosse* (spoiled brat in French), Jackie, then 9 years old, was smitten; she turned to her mother and said, "*Sale gosse* was born in my heart."

Walters was in her late 30s, married to her second husband, Guber, and already an established star on the *Today* show when Jackie came into her life. She'd had three miscarriages and taken all the hormonal remedies available at the time. Nothing worked. The decision to adopt, she says, was not difficult—certainly not as difficult as it is now. For one thing, today infertile women have more options—and with them more decisions. And, as Walters points out, "We didn't worry about HIV or drug-taking or even drinking." Her big worry was simply about having a child and being a working mother. "Would I be able to do everything? I didn't know."

She brought home her daughter when she was only a few days old. Because Walters has professed her admiration for Jacqueline Onassis, many came to assume she'd named her after the legendary first lady. In fact, Jackie was named for Walters' sister, Jacqueline, who was mentally challenged. "I knew my sister would never have a child. And I . . . oh, I don't know . . . I guess I wanted to give her part of my child."

For several months, Barbara told no one but her closest friends about the adoption. "It's not something I would talk about on the air," she says with a laugh. Today, on *The View*—Walters' morning gabfest, where cohosts Meredith Vieira, Starr Jones, Joy Behar and Lisa Ling have little trouble discussing the most intimate details of their lives—"I'd be talking about it *(continued)*



Jackie has made no attempt to find her biological mother. She's joked with Walters, "I've had so much trouble with you, Mom—why would I want another mother?"

every day! And you certainly didn't bring your baby into the office the way women do now. It would be like bringing in a puppy that wasn't housebroken."

But at home, Jackie was her solace. The workaholic Walters would return from a day interviewing potentates to a bald, ("She didn't have hair until she was four," Walters jokes), whirling dervish. Opera singer Beverly Sills, a longtime friend of Walters, remembers visits to her pal. "The apartment had this very long hall without carpeting, and Jackie would be tearing through on roller skates," says Sills. "Either that, or standing on her head."

> When Walters thought her career was over, "what saved me was my life at home with Jackie"

Indeed, Walters contends today she never could have made it through one of the roughest years of her life without her elementary-school-age daughter. That year, 1976, Walters left NBC's *Today* for ABC to become the first female co-host of a network evening newscast. Everyone assumed she'd left for the money—a cool $1 million, unprecedented at a time when Walter Cronkite himself made a reported $400,000. But, in fact, her motivation had more to do with the possibility of spending extra time at home. It was a colossal miscalculation. Not only was Walters savaged by the press, but even co-anchor Harry Reasoner barely attempted to hide his contempt for her. And, her new job actually had her traveling more than ever. "I was this terrible failure," says Walters. "I thought my career was over, and I was being criticized every day in the paper. Not just criticized but killed. And what saved me was my life at home with Jackie. I would come home to this adorable child, and I could turn the world off."

Walters never stopped worrying about whether she was doing an adequate job balancing her career and her home life—particularly after she divorced Jackie's adoptive father (Guber) when her daughter was just 4. (A third marriage, to Hollywood mogul Merv Adelson, ended in 1992.) If she was in New York, Walters says she'd turn up for every play or school event "probably even more than the mothers who didn't work, because it wasn't as much of a symbol to them." Still, she was on the road constantly. "That was my life; I don't know if I would be here in this job if I hadn't worked that hard," declares Walters. "This is why I didn't adopt any more children, though I would have loved to. It's very easy to adopt children and turn them over to a nurse if you have the money. But I missed a great deal [of Jackie's childhood]. Although she says she felt I was always there, I *know* I wasn't." Walters felt fortunate to have had the same nanny the whole time that Jackie was living at home. Says Walters with a laugh, "She was with me for thirty years—she became *my* nanny."

But life with Jackie was far from idyllic. Her teens were, to put it mildly, trying; as Walters says now, "Sometimes I didn't know if I wanted to kill her or kill myself." Jackie, a striking young woman who towers over her mother and resembles *Third Rock From the Sun*'s Kristen Johnston, thought she was gawky and unattractive; she hated New York City and her mother's social whirl. She was sad that her parents were divorced and her mom was a celebrity.

"Barbara and I used to discuss this a lot," says Beverly Sills, who also has one daughter. "We both felt so guilty. I think having a famous mother is a lot harder than having one who just travels a lot. I remember my own daughter used to get very upset when we'd be at a restaurant, and someone would ask for my autograph. She'd say, 'I'm having lunch with my *mother*' in this very angry way. Because you don't go out with just your mother—you're out with a public figure."

Walters also believes Jackie's difficult teenage years were a direct result of being adopted, though her daughter has never said so directly. "The children that I played with—I never felt like I was part of them," Jackie says in an interview for the ABC special with correspondent Cynthia McFadden (who is also adopted). "I was around wealthy, high-society kids. I never felt like I belonged. And I don't to this day. I still think it has a little bit to do with being adopted—[something about] the genes in me, whoever my parents are. . . I was meant to be living with great regular people and not in high society."

Oddly, though, at no point thus far has Jackie made any attempt to find her biological mother, despite Walters' offers to help her. (Jackie's was a closed adoption; even Walters knew very little about the woman who gave birth to her.) Partly it's because she's been so comfortable with Walters, and partly, she admits, because she's a bit afraid of finding out something she'd rather not know. "What if my biological parents were heroin addicts? What if they were just horrible, horrible people? That's a scary thought. Because everybody thinks, Oh, my biological mom is gonna be so great. And sometimes they're badly disappointed."

"Jackie is a funny girl," says Walters. "She said to me, 'I've had so much trouble with *you*, Mom—why would I want another mother?' "

It's just been in recent years that Jackie has shown even the slightest interest in *(continued on page 166)*



GROWING UP Twelve and tall, Jackie, dressed for a party (left). Mather-daughter banding in Central Park (inset, right). Jackie makes a splash at 7 an a family vacatian in St. Maarten (right)





LOOK, MOM
Barbara and Jackie's first farmal partrait—the striking wark af Francesca Scavulla (abave). A warm-weather auting at age 2 (right). Three-year-ald Jackie smiles far the camera (belaw)





escape to a day spa

No need to fly off to an exotic luxury resort for TLC. Day spas from Seattle to Atlanta bring body-and-soul–soothing treats closer to home

By Jennifer Schonbrunn Hinkle. Photographs by Isabel Garcia

Need a beauty break? Even if the only time you have to yourself is your lunch hour, you can enjoy high-end pampering at a day spa. All across the country, these pampering palaces offer the convenience of a salon, such as easy-to-schedule appointments by the hour, plus the services you'd expect at a top-flight destination spa. And more than likely you won't have to travel farther than your local shopping mall. (For a list of day spas in your area, turn to page 167.) With Mother's Day right around the corner, isn't it high time to indulge in a little luxury? Here's what's happening at day spas near you.

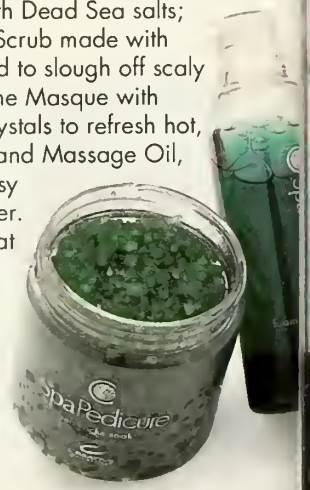


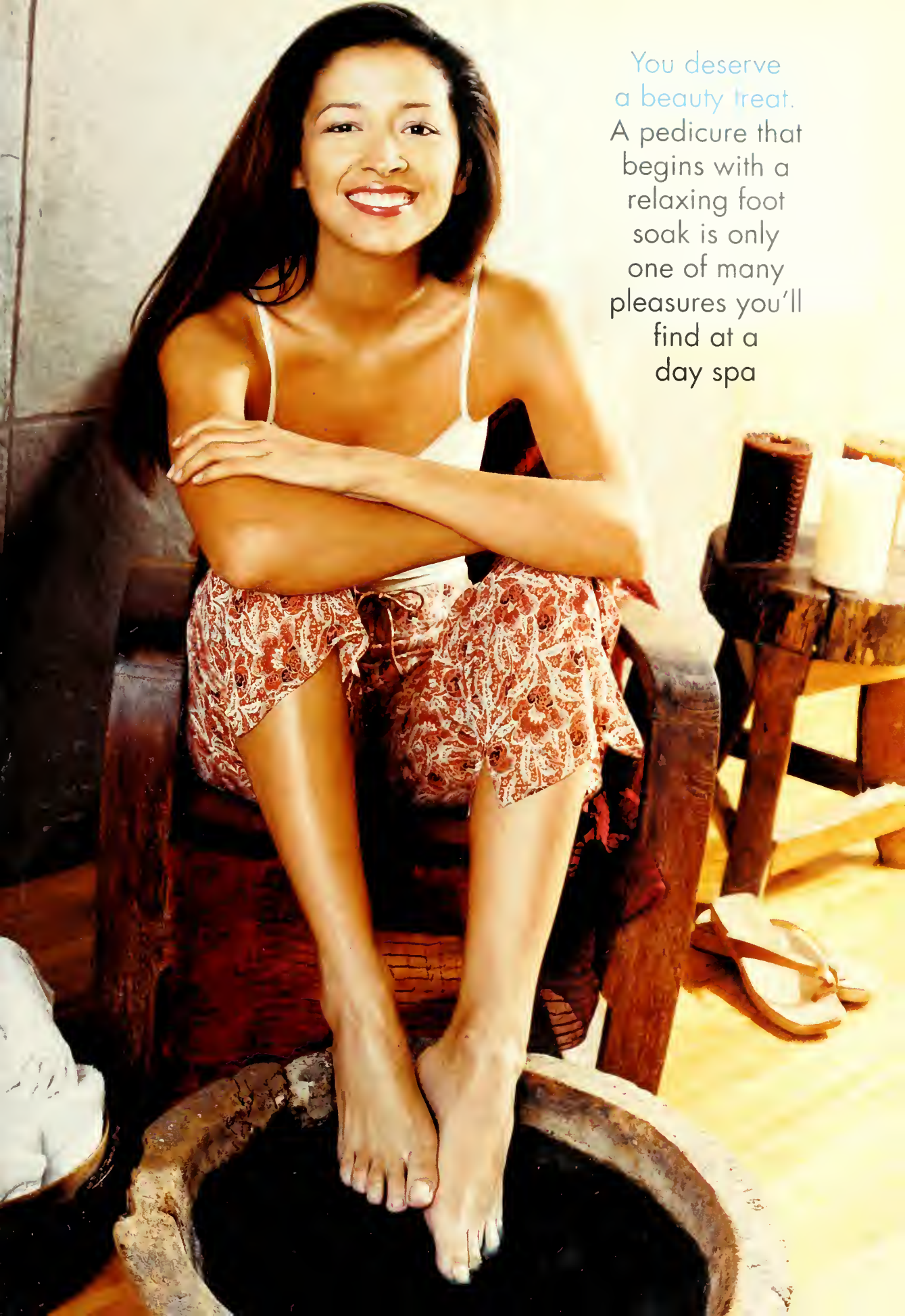
INDULGE: Our feature was photographed at Maximus Spa & Salon, in Westbury, New York

MIDWEST
Pedicures Rule!

Long, dry winters leave Midwesterners craving the most luxurious (and hydrating) pedicures they can find. At Tamara Institut de Beaute, in Detroit, guests indulge in the deluxe Spa Pedicure ($65 and up). Clients lie on a high-tech pedicure bed and enjoy a body massage while soaking feet in a protein-rich milk bath. Before nails are polished, feet are pampered with a skin-softening paraffin foot mask and relaxing reflexology treatment. The Decadent Pedicure ($75) at Channings Day Spa, in Chicago, includes a soothing seaweed foot mask, a sugar-and-almond-oil scrub and a paraffin dip. The Ginseng Foot Rejuvenator ($55) at Serenity Day Spa, in Overland Park, Kansas, awakens tired feet with a ginseng-infused wrap, an aromatherapy foot bath and a skin-polishing treatment for lower legs. As you enjoy your pedicure, you sink into a warm lavender-filled pillow and sip an energizing ginseng drink.

At-home spa treatment: Baby your tootsies with Creative Nail Design SpaPedicure ($60). The kit contains five aromatherapy treats: Foaming Sea Soak with seaweed extract; Sea Rocks Soak, foot-bath crystals with Dead Sea salts; AHA Sea Scrub made with beach sand to slough off scaly skin; Marine Masque with menthol crystals to refresh hot, tired feet; and Massage Oil, a nongreasy skin softener. Available at 877-263-6245.




You deserve
a beauty treat.
A pedicure that
begins with a
relaxing foot
soak is only
one of many
pleasures you'll
find at a
day spa



HOT STUFF: A body massage with gently heated stones melts away tension

SOUTHEAST
Massage Stones Are Hot

Hot-stone massage is a new favorite among America's Southern belles. This relaxing ritual melts away tension with gently heated smooth basalt stones. The therapist uses the stones to perform traditional massage strokes as well as acupressure. Stones help warm the muscles more quickly, allowing for a deeper and more rewarding massage. Business has been booming at the Spa Sydell, in Atlanta, ever since they've added a His and Hers Hot Stone Massage ($170) for couples. Many other Southeastern day spas, including Myra & Company, in Miami, have capitalized on this trend by adding hot stone facials ($100) and pedicures ($60) to the treatment menu. Stones are strategically placed on the face and feet and between toes to both relax muscles and enhance the entire experience.



At-home spa treat: Hot Toe Voodoo Reloxing Foot Treotment ($45) from Stone Spa, in New York City, lets you cool your heels with o hot stone mossage ot home. (Stones ore warmed in hot woter.) The kit also includes o mint pumice scrub, lavender-lime both-ond-mossoge nector, ond teo body lotion. To order, coll 212-741-8881.

CALIFORNIA
The Mystique of Massage

Californians know beauty is more than skin deep, and they are as concerned with feeling good as looking good. According to Bruce Taylor, spa director of Spa Mystique, in Los Angeles, "Seventy to eighty percent of day spa guests still want just a great massage." Clients love Shiatsu ($95 for 50 minutes), a Japanese technique that applies pressure to key areas of the body to balance the internal systems. Thai massage ($145 for 80 minutes) is nicknamed "Lazy Woman's Yoga" because the therapist does the work of stretching the client's body to ease tension and increase flexibility. Those recovering from a sports injury might go for Deep Tissue Massage ($95 for 50 minutes). The therapist applies extra-firm pressure to sore areas to relieve pain and loosen up tightness.



At-home spa treat: Phormocopio Muscle-Soothing Body Oil with Ginger & Lemon Gross ($8) helps to eose muscle oches while the spicy-citrus scent lifts your mood. Coll 877-389-9898.

SPA FACIAL: Skin-smoothing microdermabrasion treatments are a big hit with day spa-goers because you can see results—brighter, fresher-looking skin—after one session



NORTHEAST
Skin Smoothers Are Tops

This corner of the country is home to a sophisticated spa crowd, thirsty for the latest "show me the results" facial treatments. The hottest: Microdermabrasion, a skin-smoothing exfoliation procedure that softens fine wrinkling, makes pores look smaller and evens out blotchy skin tone. It's popping up on day-spa menus everywhere, including Maximus Spa & Salon, in Westbury, New York ($150 for one treatment; $424 for a package of four treatments), and DePasquale Day Spa, in Morris Plains, New Jersey ($200). Your skin is sprayed with ultrafine aluminum oxide or salt crystals, which "blast" away dry surface cells. Next, the crystals are vacuumed up, leaving skin softer and smoother. Although you should see improvement with one treatment, it usually takes four, spaced one or two weeks apart, to see optimum results.

At-home spa treat: Joey New York's Microdermobrasion Facial Peel ($36) is os close os it gets to hoving o professionol treotment. This low-tech version consists of an exfolioting cream formuloted with microcrystols to buff owoy dead skin ond a post-peel soothing cream. Mossoge the exfolioting creom into skin, let it dry and then roll it off with fingertips. Rinse well and opply soothing creom. To order, call 800-563-9691.



MOTHER'S DAY SPA SPLURGE



SUPER SCRUBS: Body scrubs can be basic mixtures of scented oils and exfoliating salt crystals (above). Or they can be exotic. The Adobe Mud Wrap ($100) at Auanyu Spa at La Posada de Santa Fe Resort, in Santa Fe, New Mexico, banishes dryness with soothing adobe mud

SOUTHWEST
Scrubs Are Scent-sational

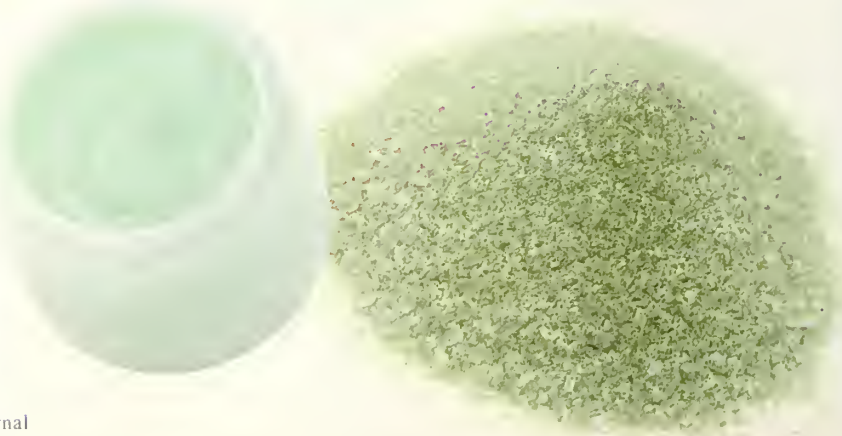
Balmy, warm weather makes skin-revealing clothes a staple in this region—and body scrubs a must. Women here love to keep every inch silky via salt glows in a variety of scents. At L'image, in Addison, Texas, women enjoy a papaya-mango body scrub ($29) infused with essential oils while Mii Amo, in Sedona, Arizona, offers the Blue Corn Body Polish ($110), a mix of cornmeal, salt crystals and essential oils.

At-home spa treat: Estée Lauder Private Spa Collection Crystal Glow Sugar Rub ($35) gently sloughs away rough spots on elbows, knees, backs of arms, wherever you get a buildup of dry skin.

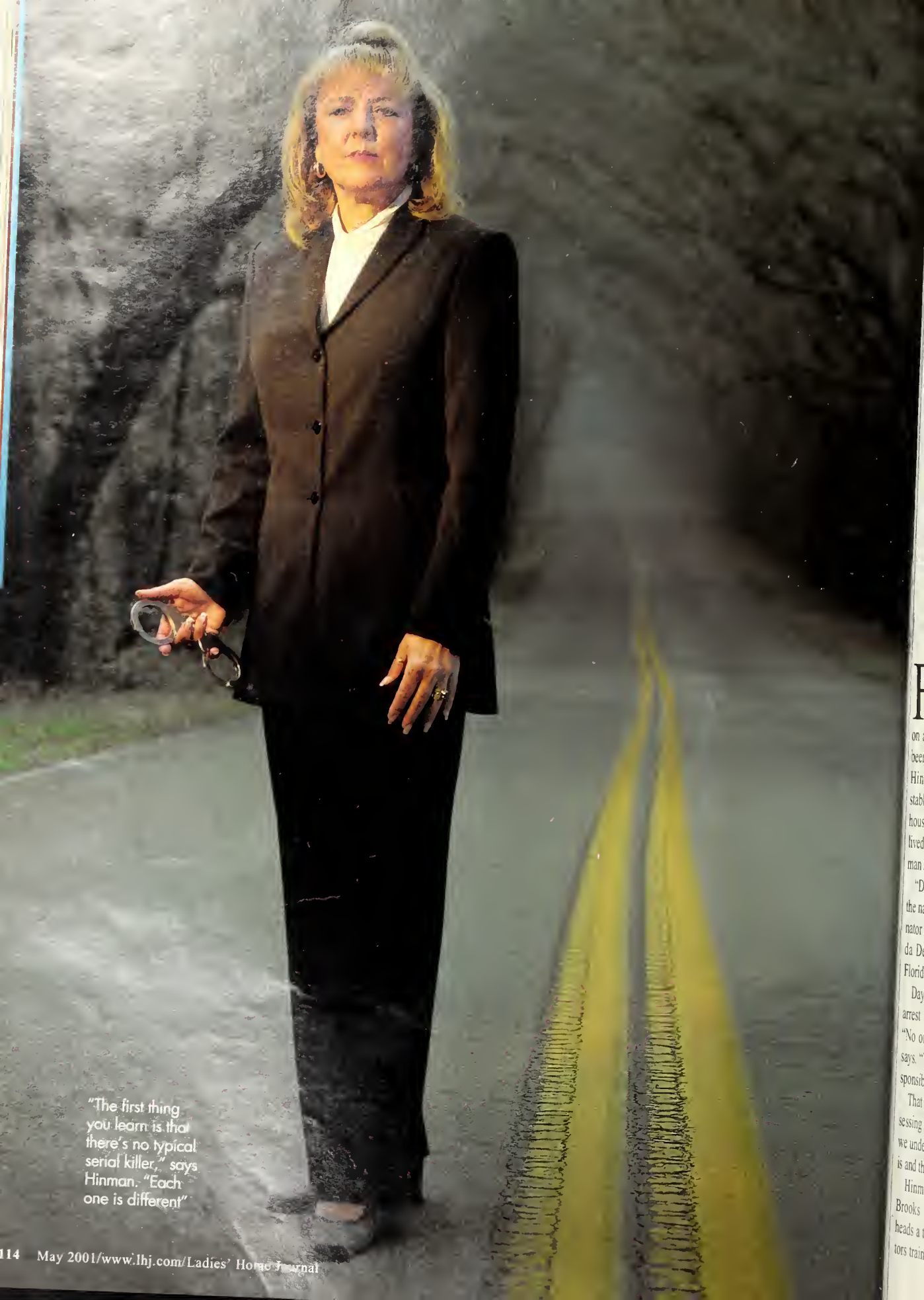
NORTHWEST
Wetter Is Better

Gene Juarez, owner of the eponymous day spas in Washington state, observes a "major shift from beauty to wellness" in the Northwestern corner of the country. Here, women are heading to day spas to recharge themselves inside and out via water treatments. The healing powers of water make hydrotherapy tubs and multi-jet showers two of the region's most requested services. At Ummelina International Day Spa and Spa Nordstrom, in Seattle, the hydrotherapy bath ($35 to $65) is a giant multi-jet tub. The jets shoot streams of water that provide guests with a pulsating, full-body massage. Other Ummelina clients prefer to follow a body scrub with a Vichy shower ($95), a series of nozzles positioned over a massage bed; nozzles spray the body with water at varying temperatures and pressures. Another "water massage" is the Swiss shower ($15). As you stand in the shower stall, jets hit your body from all directions with hot and cold water. The sensation is said to energize you from head to toe.

At-home spa treat: Make a soak in your own bathtub more luxurious with Banana Republic Skin Nutrients Soothing Bath Soak ($19.50; call 888-277-8953). Sprinkling a handful of the crystals in warm water will make your bath foam up with mineral-rich Dead Sea salts, moisturizing hemp oil and vitamin C.




WIN A DAY OF
PAMPERING
at a day spa
near you!
For details, turn
to page 167



"The first thing you learn is that there's no typical serial killer," says Hinman. "Each one is different"

"I've put dozens of murderers behind bars"

Meet the woman who tracks real-life Hannibals

By Kathryn Casey. Photographs by Kelly LaDuke

For Dayle Hinman, it was a typical late-night phone call from police. The body of a young woman had been found hunched over in the front seat of a car on a lonely country road near Crestview, Florida. She'd been stabbed more than 50 times, the police officer told Hinman. The woman's infant daughter had also been stabbed to death. Muddy footprints led from the car to a house nearby, and police suspected that the man who lived there was the killer. Cigarette butts—the brand the man smoked—were found at the scene.

"Don't waste your time on him," said Hinman, one of the nation's leading crime profilers and statewide coordinator of the Crime/Analysis Profile Program at the Florida Department of Law Enforcement in Tallahassee, Florida. "Check out the baby's father."

Days later, police had all the evidence they needed to arrest the father. How did Hinman know he'd done it? "No one else had a motive for killing the baby," she says. "The father had to get rid of the baby or else be responsible for her."

That case is an example of what Hinman does best: assessing all aspects of a crime to determine motive. "Once we understand motive, we can focus on who the offender is and their relationship to the victim," she says.

Hinman, a 48-year-old blond with a penchant for Brooks Brothers suits and Victoria's Secret lingerie, heads a team of four profilers, special police investigators trained to compile psychological and demographic portraits of criminals. Hinman and her team hunt Florida's most terrifying offenders, including serial killers and sexual predators. The murderers they have helped capture include Aileen Wournos, one of the few known female serial killers in the U.S., who confessed to murdering six men in 1989 and 1990; Danny Rolling, the "Gainesville Murderer," who brutally killed five college students in 1990; Rory E. Conde, the "Tamiami Strangler," who killed six prostitutes in 1994; and Angel Maturino Resendiz, the "Railroad Killer," who terrorized much of the U.S. from 1997 to 1999 as he traveled by train, killing at least nine victims along his deadly route.

Hinman and her profilers are typically called by police to work on brutal murder and sexual-assault cases. They compile a profile of the offender, detailing his personality, behavior and demographic characteristics, based on such factors as the victims he chose and evidence from the crime scenes. Using this profile, police are able to narrow their investigation to those suspects who fit the criteria.

Profilers rely on experience, says Hinman, and would never be as green as rookie FBI agent Clarice Starling in *The Silence of the Lambs*. "It's important that profilers are police officers and see murder scenes. You can't learn profiling from a book."

Hinman herself started as a deputy with the Leon County Sheriff's Department in Tallahassee *(continued)*

in 1977. Her first encounter with a serial killer took place two years later, when she responded to an emergency call from the Chi Omega sorority house at Florida State University. Hinman was stunned by what she found there: Four coeds had been horribly bludgeoned; two lay dying.

As police soon discovered, serial killer Ted Bundy had targeted the sorority house that night, near the end of a killing rampage that left more than 30 people dead across the country. Bundy was captured one month later.

"I still remember the [Chi Omega] women's names," says Hinman. "In fact, I always remember victims' names. What makes my job worthwhile is being able to tell the mother of someone who's been raped and murdered, 'I know who did this to your daughter, and I arrested him today.' That's a great feeling of satisfaction."



AMERICA'S MOST DEADLY
Dayle Hinman helped to catch such notorious killers as (clockwise from top) Oscar Ray Bolin, Aileen Wournos, Rory E. Conde and Danny Rolling

Inside the mind of a killer

In 1986, three years after she joined the Florida Department of Law Enforcement, Hinman spent the year in Quantico, Virginia, studying profiling at the FBI's behavioral sciences unit and working on cases.

It was there that she became an expert in profiling serial killers. Although this type of criminal is relatively rare—of the more than 300 cases Hinman's team works each year, she estimates less than 5 percent are serial murders—they are so dangerous that profilers make these cases their highest priorities.

"The first thing you learn is that there is no typical serial killer; each one's different," says Hinman. The one thing most have in common is that their killings have a sexual component. To understand such killers, Hinman says, "you have to understand the power of fantasy. Their sexual fantasies become so paramount that everything else in the world becomes unimportant."

When compiling a profile, one important aspect Hinman studies is victim selection, an indicator of a killer's personality. Ted Bundy, egotistical and cocky, chose women he considered "worthy," mainly coeds, targeting them well before the attacks. Hinman also analyzes two main areas of a murderer's behavior: modus operandi (MO), the method by which he carried out the crime, and his signature, the things he did that fed into his fantasy, such as dressing or positioning the body.

Another prime consideration is how organized a killer is, says Hinman. For instance, in the last days of his reign of terror, Bundy became what profilers refer to as a disorganized killer. At the Chi Omega house, he used a tree limb to bludgeon his victims, then abandoned it on the scene.

In 1990, 18 months after Ted Bundy met his fate in a Florida electric chair, Hinman was called in to work on one of the biggest cases in her career. Over a period of three days that August, five students were murdered near the University of Florida, in Gainesville. The killer entered their apartments by prying open the doors, and brought with him a murder kit, including duct tape and a knife. He decapitated one victim and stabbed the others to death. When he left, he took his kit with him. "He wasn't leaving us any clues," says Hinman.

Then, the killing suddenly stopped. Police centered their investigation on Ed Humphrey, a student with a history of bizarre behavior. Hinman and other profilers working on the case disagreed.

"We knew it wasn't Humphrey," she says. "He didn't have the skills to plan and execute these crimes."

In October 1991, a tip led to Danny Rolling, a drifter from Shreveport, Louisiana, who by then was serving time in a Florida prison for supermarket robbery. The son of a former police officer, Rolling fit Hinman's profile of a knowledgeable and organized killer. After his DNA matched evidence taken from the crime scenes, he confessed and today is on death row.

Despite all the horrors Hinman has seen in her work, she insists she never has nightmares. "I turn off the light and go to sleep every night," she says. "You have to be able to do that or you couldn't do what we do here. It would burn you out."

Hinman learned early on to separate her emotions from her work. While everyone on the team treats victims with respect, she says, "Crying over them doesn't stop the killing. For us, having empathy involves focusing one hundred percent on solving the case."

That single-minded focus comes at the expense of her personal life. Hinman's first marriage in her early

20s ended in divorce. Her current husband, John Farrell, is the police chief of Prince Georges County, Maryland; the couple sees each other only on weekends. They have one grown daughter from Farrell's previous marriage. Hinman says she was so busy with her career that she missed "doing the baby thing." But she insists that she has no regrets. "My girlfriends share their children with me," she says. "And, sure, at times you'd like to come home and have someone massage your feet or say you're wonderful. John and I have to do that over the phone or save it for the weekend. Both our careers are important."

Some of Hinman's cases involve celebrities. Last year, she investigated a man who was fixated on Jennifer Aniston





TO CATCH A KILLER Hinman uses evidence from crime scenes to help compile profiles of murderers

Crime prevention

Besides catching killers, profilers also help to prevent crimes. As incidents of workplace violence and stalking have become more common, Hinman's talents are increasingly called on to assess threats. When evaluating such cases, Hinman has a mantra: "Past behavior predicts future behavior. Nobody just snaps," she says. "There are always incidents leading up to the violence."

When doing a background check, Hinman searches for criminal records and interviews the person's friends and co-workers. Also important: any unusual stresses in the subject's life, such as home, work or financial issues.

In cases in which victims receive a written threat, such as a disturbing letter, Hinman relies on what she calls "the hair test." She sends the evidence to a small group of fellow profilers across the country, and asks for their gut reactions. "It's really a method of relying on your instincts. What I want to know is if the letter gives them that hair-standing-up-on-the-back-of-your-neck feeling," she explains. "If it does, I know we have a problem. We need to know what is going to happen before it happens," she says. "So that we can intervene."

A new breed of criminals

As the day draws to a close, Hinman sits in a restaurant near her office, talking about a case with Special Agent Leslie D'Ambrosia, a member of her profiling team. "At this point it's a single killing," D'Ambrosia tells Hinman. "This is an unknown offender."

The victim was an elderly woman. After much discussion, based on blood-splatter evidence and the position of the body, the profilers agree that the killer was most likely young and inexperienced.

Hinman sees cases like this as part of a disturbing trend. "What's really changed over the years is that the killers are getting younger," she says. "These are fantasy-motivated crimes. They saw it on TV and thought, I could get turned on doing that."

After dinner, D'Ambrosia mentions another case on which she and Hinman recently worked—the brutal serial murders of four homeless women. Police arrested the suspect, who precisely fit Hinman and D'Ambrosia's profile.

Hinman gives a satisfied smile. "The right person went to jail, and that's what I consider a happy outcome," she says. "It's too late to help the victims. But if you catch the person before he kills again, then you've done your job." ■

Kathryn Casey is a contributing editor of Ladies' Home Journal.

DON'T BE A VICTIM Tracking criminals has taught Dayle Hinman some important safety lessons. Here, the strategies she uses in her own life:

1 Use deadbolt locks. Criminals often enter homes through unlocked windows and doors.

2 Be aware of your surroundings. This is especially important in parking lots, says Hinman. Never park next to a van, because it's easy for a criminal to grab you and throw you into the vehicle. At night, ask a security guard to walk you back to your car. Check the backseat before getting in.

3 Trust your instincts. If you're on an elevator with someone who makes you feel uncomfortable, get off. On the street, "If someone approaches you and makes you nervous," says Hinman, "shout, 'Get away from me!'"

4 Criminals target victims who they judge will put up the least resistance. Act confident, walk with purpose. And think ahead. The best defense is to be prepared. —K.C.



Summertime, and the dressing is easy. **Mix it up** in black and white, for a look that's cool, confident and **always right**

opposites attract



MIX-AND-MATCH PIECES TO TAKE YOU THROUGH THE SEASON IN STYLE

This page: Try out a flirty, feminine 50s-inspired full skirt in a bold allover black-and-white print that keeps the look womanly, not girly. Top, Alice & Trixie, $115; skirt, St. Vincent, $340; bracelets, Lee Angel. Opposite page: Topped with a bright white blazer, a black jumpsuit carves out a long, lean silhouette. Jumpsuit, Parallel, $194; jacket, H&M, $49; necklace, Stella Pace.

Top off an eye-popping graphic print with **a black top:** Not only does it enhance the print, it optically whittles your waist, too

You may be a strictly solids woman when it comes to clothes, but a combination of black and white gives prints polish. So update your wardrobe with a patterned piece or two: Black-and-white graphic and floral motifs come on bold and strong and keep your look streamlined.





Worried that black looks too heavy for summer? The key is all in the garment's fabrication. Choose linen and lightweight cotton for tops, floaty layers of silk for a skirt or dress. Lighten up the look further with white polka dots, a simple pattern that breaks up the all-black effect but keeps the chic.

THE LITTLE BLACK DRESS FOR 2001 IS THE SHEER SHIRTDRESS This poge: Look—and feel—cool in a chiffon shirtdress for doy ond evening wear. Dress, Betsey Johnson, $224; scorf, Suson Doniels at Yvette Fry. Opposite poge: A halter style keeps o breezy, bold print from overwhelming your face. Dress, Jill Stuort, $415.

Let black and white expand your wardrobe options



A simple plan

This lush California garden all started with the choice of a single favorite bloom . . .

By Jill Kirchner Simpson







ALL ABOUT ROSES: The walkway to Daveena Limonick's home, left, is lined with Carefree Wonder, Pink Simplicity, Gertrude Jekyll and Singing in the Rain roses. A mix of annuals and perennials fills the iron fountain with color. A lush hedge of Iceberg roses, top, borders the 1936 cottage. The St. Patrick's Day rose, above, is so named for its slight tinge of green

Just two days after Daveena Limonick and her family moved into their New Orleans–style home in Studio City, California, she made sure that the 200 rosebushes she planned for her new garden had been delivered. "We needed to do some remodeling on the house, and if we ran out of money, I didn't want to compromise on the garden," she says.

That was only six years ago, but today Daveena's garden grows with such lush abundance that it looks as if it has existed for decades. A passionate yet practical gardener who picked up tips and tricks from reading and plain old trial and error, Daveena created a garden that celebrates roses—mostly David Austin, hybrid tea roses, miniature and landscape varieties, favorites that she knew would flourish in the southern California climate.

Though roses require careful attention, tending to primarily one kind of flower helps make maintenance tasks more routine. There are other payoffs for Daveena as well: an almost constant supply of blooming flowers, as rosebushes are notably prolific, with bloom time in her region running from late April through November. And then there are the feel-good benefits. "Gardening makes me feel alive. I'm so exhilarated to be surrounded by so many flowers," says Daveena. *(continued)*



DINING AL FRESCO: The Limonicks often entertain on the front terroce, obove, surrounded by the gorden's glory. Summer Foshion, right, is Doveeno's "most prolific bloomer." The front posts, below, reod "Moison des Fleurs," or house of flowers





(continued) Though roses are the stars of her garden, Daveena plants a supporting cast of perennials and ground covers, such as Geranium Sanguinium, Star Jasmine, Penstemon and Lavendula Provence, to hide the lower branches of the rosebushes themselves, "which are not so beautiful."

Visitors to the Limonick house first encounter a rose-covered iron fence opening onto a rose-lined brick path that leads to the front door. Halfway, there is a fountain surrounded by a brick roundabout. "My thinking was that you got to the house too quickly, and that this would be a perfect place to linger and enjoy the garden," says Daveena. She also decided to keep the roses in front very tall; that way, "you can't see the house from the street, and that makes it more romantic and gives it a sense of mystery."

The garden is anything but off-limits to the Limonick kids. Max, 15, a budding baseball player, tosses the ball with his dad in the grassy area. For Aaron, an 18-year-old art student, the garden is a studio where he draws and takes photographs. As a family, the Limonicks eat dinner on the terrace, surrounded by the rose garden, almost every night.

And then there is the First Bloom Party they throw every April. "It's like a big, outside tea party, with white cloths on the tables and our guests wearing spring hats," says Daveena. "People enjoy the garden and can't believe they're anywhere near Los Angeles."

Daveena regards the one or two days she spends pruning in January as the only chore in caring for her garden, and finds that the half hour she spends every day or two deadheading, weeding and trimming is a reward in itself. Not only does she come back with a basketful of blooms to display throughout her home, she comes back restored. ■




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the enjoyment
of gardening is
that it's a
community service—
it gives people
pleasure to look
at a garden"

From layers of flab to rock hard abs in just minutes a day!

Years of fitness research has led to the development of AB-DOer™, the first machine that provides an effective abdominal aerobic workout.

by Daniella Lee

MEET THE CREATOR OF THE AB-DOER



John Abdo, inventor of the AB-DOer, knows what it takes to get an abdominal aerobic workout.

For years, I've been fighting a losing battle against my expanding waistline. I used to spend hours and hours at the local health club, attending aerobics classes and doing crunches. I tried playing tennis... I tried jogging... I even tried diet pills, but nothing worked. I reached the point where I was in pretty good shape, as my legs and arms became stronger. The only problem was that I was still hauling around an extra 10 pounds on my midsection, and there did not seem to be a thing I could do about it. Then one day I ran into my old tennis partner who'd had a similar build. She looked years younger and a great deal more fit than I'd ever remembered her. She told me she'd given up tennis and was concentrating on one thing: her midsection. She said she'd found the perfect machine for a targeted aerobic workout for her abdominal, oblique and back muscles...the AB-DOer™.

What a waist. Until now there has not been a fitness machine that made it possible to aerobically train the midsection. Treadmills and stairmasters work the legs, and ab crunchers and rollers strengthen your muscles. Most of these methods don't reduce the size of your waist, and some even cause your midsection to appear larger. Most people's perception of your fitness is based on the size of your waist. AB-DOer is simply the most balanced midsection reduction system available today.

Body engineering. The creators of this remarkable machine recognized that even with all of the fitness machines on the market, none targeted an aerobic workout on the midsection. AB-DOer targets more than just the upper abs, it works the obliques and the muscles of the lower back. Unlike crunchers and rollers which provide only forward resistance, AB-DOer enables a wide range of motion. The adjustable Resistance Bar allows you to work the midsection's muscles from different contraction angles.

The Complete Abdominal Workout



GOOD MORNINGS
This exercise places emphasis on the abdominals and lower back. Sitting in the upright position lean forward bringing your chest to your knees and pause. Return to the starting position, pause, then lean backwords and pouse again. Return to the starting position and repeat.















BODY BOOGIE
This drill is incredibly effective for working ALL of the mid-section; no muscle is ignored! Sitting in the upright position lean forward bringing y chest to your knees. Once you reach this position, beg to rotate your torso to the right in a circular fashion u you perform a complete circle with your upper body. slowly with little circles, then as you warm-up, you ca exaggerate larger circles with your mid-section. Cont doing these circles for either time or counting repetitions, then rotate in the opposite direction for the sar number of repetitions or the same amount of time.

This allows you to exercise the inner abdominal, oblique and back muscles, helping you to lose inches fast and achieve the definition you desire.

Benefits for the back. In addition to trimming inches and toning muscles, AB-DOer may help you avoid the back pain suffered by over 80% of the population. The total midsection workout you get from this machine provides balanced muscle development. It is ergonomically designed to take pressure off of your spine by holding the back in proper alignment during use. The unique back roller even massages your back as you work.

Quality components. AB-DOer is constructed of heavy gauge steel to withstand even the most vigorous workouts. The padded seat and high-tech foam provide for comfort and proper form, and the patented resistance bar allows you to customize your workout for maximum results. Unlike other abdominal machines, it has a sturdy stand, so you don't have to get on the floor to use it. You can remove the stand and use the AB-DOer on a bench, chair or stair landing... it's perfect for travel. In addition to the Training Manual, there is even a Music Workout and Instructional Video.

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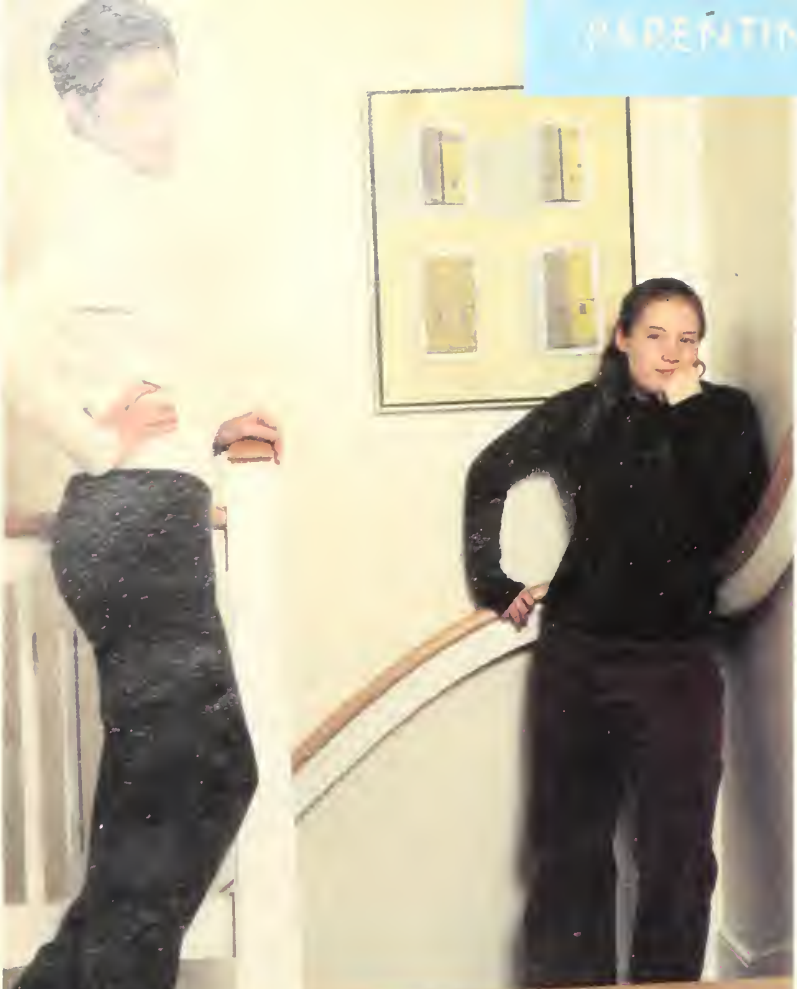
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Good-bye, again: Meaghan, 17, will soon be leaving home for college

Letting go

As parents, we're thrilled each time our children take a step toward independence. So why is our joy mixed with such sadness?

By Pam Mcormick

My 17-year-old daughter, Meaghan, is sitting outside of the admissions office of a small New England school, waiting for her first college interview. With her sun-streaked hair swept up in a clip, her gorgeous cheekbones set off with a touch of blush, she is the picture of confidence. Giving her the motherly once-over, though, I notice that her thumb is tucked inside her fist, the same way it is in a framed photo of her first day of kindergarten. That tiny gesture is a giveaway: She's nervous, after all.

I'm flooded with a tenderness too big for words. I take her hand, the same way I did on the first day of kindergarten, gently pry it open and stroke each finger until I can feel her relax. "Honey," I say, a lump in my throat, "If you go here next year, how 'bout if I come spend a weekend with you?"

"Sure, Mom," she says. "As long as you're up for lots of partying and flirting with hot guys."

This is Meaghan's wise and wonderful way of a) keeping me from getting too sappy and b) reminding me that this is her life, not mine. And it's the latest in a lifetime of moments when I realize it's time to let go.

But letting-go moments don't happen only when grown children leave the nest. When my friend Joan's son Shane, then 9, started squirming away from her good-bye kisses and refusing to be seen holding her hand, Joan was heartbroken. "It was worse then being dumped by my first boyfriend. I know this sounds ridiculous—especially since Shane was almost as tall as I was—but I felt like I was losing my baby."

> She could be nearly adult. And yet you feel like you're losing your baby

And even though my friend Martha didn't suffer acute separation anxiety when her son, Nate, went to kindergarten—in part because she was able to spend more time on her writing and time alone with her daughter, Ruby, 2—she was surprisingly upset to realize that she didn't know what experiences Nate was having in school all day. "When your kids are tiny, you do everything together, you know everything about them," she says. *(continued)*

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"It was weird and uncomfortable not knowing what he did all day and not being able to find out. And I realized that his whole life is going to be full of experiences I won't know about."

It happens so suddenly. One day, you're the center of your child's universe; the next day, you're as obsolete as last year's Nintendo game. And it hurts. We tell ourselves not to be silly, not to make a big deal out of it, but quietly we go through a real grieving process as our children grow up. Each time they take a step toward independence, we feel joy and pride, of course. But we also experience a range of confusing, painful emotions. Some of my friends have told me they feel left out, worried that their children won't need them anymore. Others feel lost, unsure what to do next, even if they have a separate professional identity. The honest ones admit to feeling an uncomfortable pang of envy as their children have experiences they never did or form tight bonds with new friends. And some confess to feeling angry that their children are leaving them. Virtually everyone admits to suddenly feeling just plain old.



Each time your child reaches a milestone, you do, too. Stop and look at how far you've both come

And even as we videotape, photograph and document everything from the mundane to the monumental moments in our children's lives, we're aware that the moment is disappearing—has disappeared—even as we try to capture it. There's a bittersweet quality inherent in loving someone you know will leave you someday.

"We raise our children only to let them go," says Judith Viorst, who's chronicled a lifetime of letting go in her children's fiction and in her famous book, *Necessary Losses* (
side, 1998). "Our children aren't
dren forever, even though w
parents forever."

Losses and Gains

The process of letting go start
birth, says Ann Pleshette Mur
who's writing a book about the st
of motherhood, "when the unique
ineredible connection of pregn
ends and you look at your baby
say, 'Wow, you're here!' After
the whole experience of bei
parent is one long lesson in s
ration, from the bliss of e
childhood when they need yo
much, when you have all
wonderful physical contact, w
you're the center of t
universe—to adolescence w
sometimes, they can barely t
ate you. It's not surprising th
lot of mothers grieve as their
grow up."

As Viorst
it, "Losing is
price we pay
living. It is a
the source
much of
growth and gai

We know
too well w
we're losing-
feeling of be
needed, of be
central to
children's liv
of being you
But what, exac
are we gaining? "Once you give up
fantasy that as long as you're arou
watching over your child, control
their environment you can keep th
safe from harm," says Viorst, "y
gain the knowledge that you've hel
your child become a stronger, m
adaptive, more confident person.

"As nice as it is to be the 'Momm
in 'I want Mommy,' you don't want
raise a helpless, dependent child," s
says. "You want to raise a child w
can function in a world that's l
ideal than you'd like. And while y
may feel shut out sometimes, you a
see your child liking the *(continu*



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Geez, I could stand to lose a few pounds, thought Maxine.

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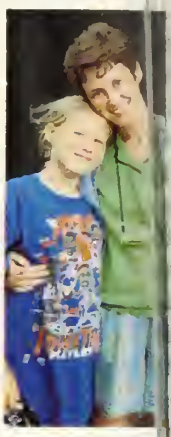


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world you've introduced him to."

Mary Telford Williams, head of early childhood at a New York City school, learned that lesson when, as part of her job, she got to do what every mother would like to do: peek into her son's classroom. "If anything was wrong, I'd go in and comfort him," she says. "If he had an accident, I'd take care of it." Finally, one day, Isaac's teacher, a woman she'd worked with for years, gently put Isaac in the care of the assistant teacher and said, "We're his teachers; let us do it." In that instant, Mary gave up her status as *one and only*. "But what I got back was so much better. I had the pleasure of knowing that somebody else just did a wonderful thing for me and my child. And Isaac got an incredible gift—the experience of knowing that there are lots of people who can and will help him all throughout his life."



A scrapbook on letting-go mome (from top): Meaghan, on t first day of slee away camp; getting a hug fr mom at eighth- grade graduatio gabbing away her very own ph

It's also important to remember that each time your child reaches a milestone, you do, too, says Murphy. "You've got to stop and say, 'Look how far we've both come.'" From the moment your child takes his first steps to the day he leaves for college, you've got to take a minute to congratulate yourself, too, says Viorst. "You're the cheering, hovering presence in the background that makes all this elated breaking away possible."





Viorst points out that with each new phase your child enters, you gain the opportunity to reclaim parts of your life that you may have ceded to motherhood. "You also get a chance to play a new role," she says. When you give up the vigilant, potty-training, all-nurturing, all-knowing role,



Meaghan's Sweet Sixteen: a milestone event for both her and her mom

et a chance to be playful with your After being the t-at-large in my (this is the nice of saying the big -it-all). I'm en- letting Meaghan tour guide to the sing world of pop e and letting my ar-old son, Matt, instruct me in ne points of ice hockey.

l, all the mothers I talked to said s no getting around those weepy ents when you see your child's nood vanishing before your eyes. w yourself to be sad, but try not den your children with your sad- says Murphy. "You don't want ntentionally shovel guilt on them ir moment of accomplishment."

s also important to be mindful of gnificance of those moments. "I myself so busy packing my ter up for college that I didn't let lf feel what I was feeling," says nother. "It snuck up on me later." e good news is that those years of ing may still come in handy. "Ob- and listen to your child as she es each new milestone," says Mur- "She may be scared, too. You can d her how ready she is for the next ep. Saying, 'I have confidence in will make you both feel better."

What do you gain when you learn to let go? Often, a wonderful new friend

Good Good-bye

here's no getting around the fact as Judith Viorst says, "Absence s the heart grow frantic." In my the thought of Meaghan's ab- next year makes me half crazy worry. Did I teach her to separate s from colors? Will she wear sun- n if I'm not there to remind her? nswers are yes and probably not. e real answer to this lifelong pro- of letting go is more complicat- Meaghan will, I am confident, do ine at college—even if her laun- urns pink. And I'll be fine, too. robably send her a blizzard of y Hallmark cards and enough reen for the whole dorm. But I'll know that Meaghan and I have n up together. She's become an independent and principled young woman that I look up to—literally and figuratively. And I've grown into a more mature, more confident mother—one who's looking forward to the next phase of our relationship. (Even if it doesn't involve a weekend of partying with hot guys.)

Because, as she's grown into a young woman, I've gained a wonderful new friend, someone who is sensitive enough to know that it's her aging mother who's suffering from separation anxiety, generous enough to comfort me the way I used to comfort her and confident enough in our relationship to make a joke about it.

Besides, I still have an 11-year-old son at home who can now be the recipient of all my helpful advice. I wonder if I've told him about whites and colors. . . .

Patty McCormick is the author of a young-adult novel, Cut *(Front Street Books, 2000).*



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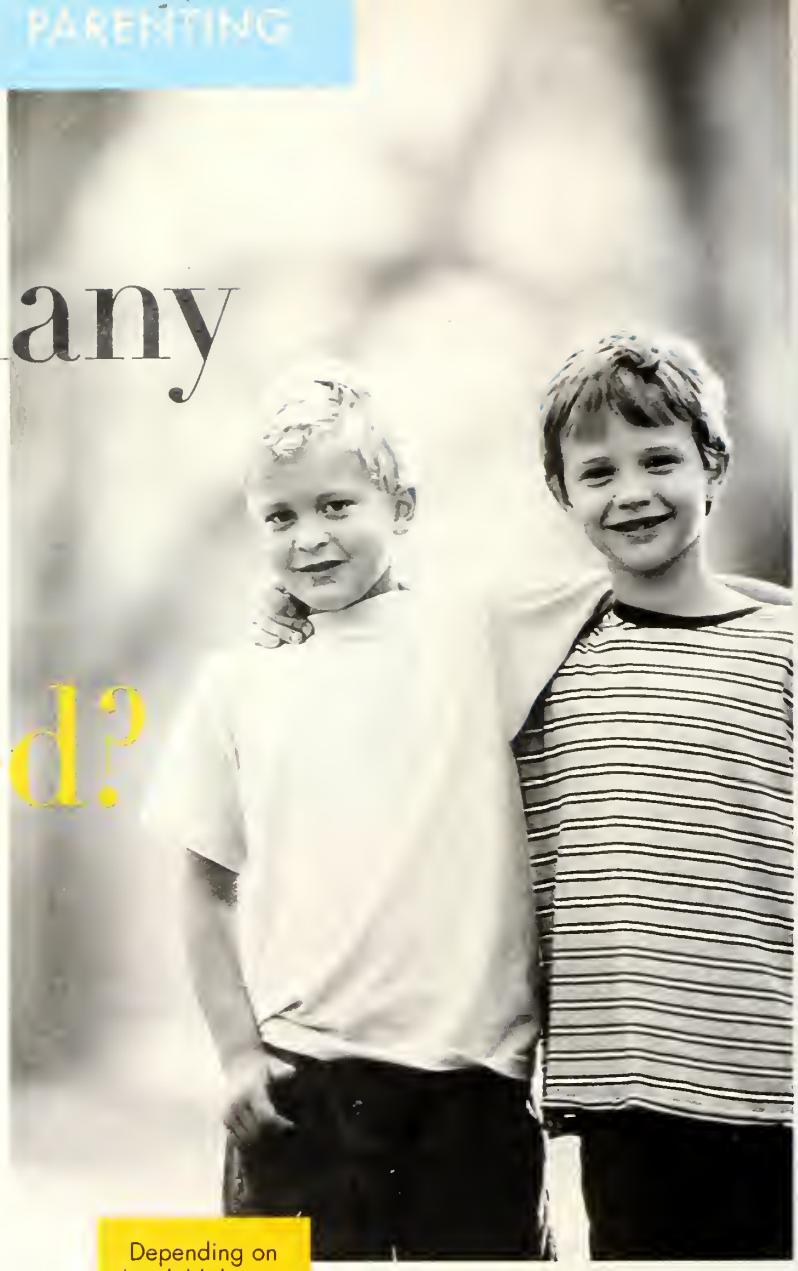
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How many friends does a kid need?

Every mother wants her child to be popular. But is having an army of friends the best thing for your child?

By Cindy Schweich Handler



Depending on the child, having just one good friend might be enough

Up until third grade, Kyle Dowd was part of a sprawling social circle. "I was always arranging play dates for him, so he could have a lot of friends," says Natalie, 43, his stay-at-home mom in Montclair, New Jersey. But at around 8, Kyle asked her to stop; a shy guy by nature, he balked at having to play host to half his classmates. So Natalie agreed to invite over only the friends he asked for: one school pal and a neighbor. "I was alarmed, because I thought he was narrowing the field too much," she recalls.

But in time she changed her mind. "His buddy Dan would come over and they'd have a grand time making up their own board games and Pokemon-style monster cartoons," she says. "I could see that my son didn't need a lot of action around him to be happy." She also realized that when it comes to friendships, it's quality, not quantity, that counts.

"To understand the rules of friendship, a child needs just one or two good friends," says James Youniss, Ph.D., professor of psychology at Catholic University, in Washington, D.C. "With a friend, a child develops important negotiating skills and learns how to trust and respect an equal—lessons parents can't teach." Having one or two school chums, neighbors or even cousins who are on the same wavelength and enjoy getting together on a regular basis provides ample opportunities for kids to practice these critical social skills.

The number of friends a child wants depends on how shy or outgoing he is, and how much stimulation he craves. According to Jerome Kagan, Ph.D., a professor of psychology at Harvard University, in Cambridge, Massachusetts, roughly 10 to 15 percent of kids in kindergarten through eighth grade are very shy, 25 percent tend to be outgoing and sociable, and the rest fall somewhere between. "A shy child may be *(continued)*



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Watching your child at play can help you understand her friendship preferences

WHEN A CHILD CAN'T MAKE FRIENDS

"Friends buffer kids from loneliness, and keep them healthy and interested in the world," says Hara Marano, author of *Why Doesn't Anybody Like Me? A Guide to Raising Socially Confident Kids* (Morrow, 1998). Conversely, "friendlessness can derail a child's development."

A child's inability to make and keep friends may first become apparent in preschool, says Marano, when kids tend to start pairing off. If she doesn't ever talk about anyone from class, ask to bring a friend home or get invited to other kids' houses, she might be having trouble; her teacher can confirm your suspicions.

It may be that acquiring social skills doesn't come as naturally to your child as to other kids and she might need extra help developing the empathy and consideration that make others want to be around her. "A parent may need to rehearse the most rudimentary rules of social engagement with the child," advises Marano, "beginning with how to introduce herself: 'Smile, look the other child in the eye and say, "Hi, my name is.... Can I play with you?" ' " Remind extremely shy or anxious kids that everyone experiences rejection, and give them tips on recruiting friends—for example, to seek out the friendliest classmates.

Even a child with average social skills may turn inward while experiencing major disruptions, such as her parents' divorce, a serious illness or death in the family, or a move to a new town. As much as possible, you should prepare kids for the changes by talking about what's happening and what to expect, and if you're moving, by checking out the new teacher, school or town in advance. "Very gently encourage your child to take chances," says Marano, "while praising her for little accomplishments. And have the expectation that things will work out." —*C.S.H.*

(continued) happiest with one or two friends," he says. "On the other hand, extroverts tend to enjoy interacting with many kids, and don't feel anxious doing so."

Parents can get a sense of their child's preferences by questioning her teachers and coaches and by watching how she interacts with other children at home and school and during activities like sporting events. The tough part is being objective, and leaving your own friendship preferences out of it. "Difficulties come up when a parent's temperament is very different from his or her child's," says Kim Dell'Angela, Ph.D., a professor of pediatric psychology at the Loyola Stritch School of Medicine, in Chicago. "Very sociable parents often assume that what made them happy as kids is right for their child, too."

There's also a learning curve for parents who are more introverted than their kids. Martha Cid, 42, a publicist in New York City, learned a lot about her 8-year-old daughter by observing her in action at her school's Halloween party. "I watched her flit from activity to activity, classmate to classmate, playing a game with one kid, holding hands with someone else, then moving on," she recalls. "By the end of the night I was concerned; it didn't seem as though my daughter had one single best friend, which I certainly did when I was her age." But as they walked home, Cid's daughter raved about all the fun she had at the party. "She had a good time on her own terms," concludes Cid. "I made myself listen rather than project my own feelings onto her."

The perils of popularity

As long as a child's bonds with others are mutually enriching, a wide circle is fine. But when it *(continued)*


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comes to really close friends, "the more the merrier" co cept doesn't apply. A child may be popular, and have t social skills that attract kids to him, but that doesn't me that he has the kind of friendships he needs: ones in whi he feels understood, cared for and accepted for who he is warts and all.

"A lot of parents think that if their child is popular, he happy and well adjusted, but that isn't always true," sa Robert Billingham, Ph.D., professor of human develo ment and family studies at Indiana University, in Bloo ington. "Some kids get their sense of self-worth fro being good at attracting friends, and feel a lot of pressu to sustain their popularity." A parent's goal should nev be to raise a popular child, he says, but one who has t skills to make the number of friends he wants.

To some extent, that number will vary as a child m tures. In fact, the whole concept of what a friend changes as kids grow older. In preschool and the early e mentary years, when kids have limited control over whe they go and with whom they spend time, a buddy is ba cally anyone who is available to play and who gets alo with them. Since a lot of children meet these criteria, k ages 5 to 8 are apt to throw out a lot of names in respon to the question "Who are your friends?"

Making friends with a purpose

Thereafter, the field narrows. During the second half of ementary school, kids start to select friends based on mu al interests and tastes, often forming cliques to which th are fiercely loyal. In early adolescence, the quest for a b friend takes on great importance. "Around age ten eleven, kids start figuring out who they are by imagini how they look to other people," says Peter Sheras, Ph.D. clinical psychologist and professor at the University Virginia Curry School of Education, in Charlottesvil "They need a frame of reference, so they become b friends with someone who's a lot like them." A prete and his "twin" often form groups with other pairs friends, first of the same sex and later, mixed.

While this is the stage when kids form tight bonds, i also the time when enduring friendships may crumble. the friends grow at different rates physically or emotion ly. "Starting from the third grade, my son had a best frie who seemed to practically live at our house," says Me Rosenberg, 43, a writer living in Ardsley, New York. "E halfway through eighth grade, she says, their friendsh fell apart. "The friend started dating a girl, but my s wasn't ready for girlfriends, and that created a distanc she says. In high school, Rosenberg's son made n friends and girlfriends; now a senior, he's once again co panionable with, though not close to, his former frie Like most older teens, the boys have become more sec in their identities and are now willing to associate w kids who have divergent interests and perspectives.

Whether a child is 5 or 15, it never gets easy to witn

inevitable wrangling and occasional re-
t on that's part of making and maintaining
ndships. But he's never too old to benefit
n a parent's help getting him through the
gh spots. Here's what you can do to help:

te friendship opportunities. Ask your child if
d like to invite anyone over one-on-one,
o have a party of school or neighborhood
nds. Entertain your friends who have
e-age kids, as long as they're simpatico.
l help your child find activities where
's apt to meet like-minded kids. Jennie
ler, 37, a mother of three in Brownsburg,
ana, enrolled her 6-year-old daughter in
acting workshop when she realized she
n't developed close classroom friendships.
enjoyed watching her connect with fellow "hams."

The way you treat your own friends is a powerful model. Your kids learn to be good to others from watching you

lel the right way to treat friends, and talk about it. Your
s will mimic the way you treat peers with kindness, em-
ny and fairness. When you discuss how to be consider-
of friends' feelings with your children, you teach them
ortant social skills. Starting around age 2 or 3, children
in to be able to feel compassion; when they have a con-
with a friend, suggest ways of finding a mutually satis-
ory resolution. Praise acts of kindness and condemn
an-spiritedness.

***with your child about his or her social life, even into the teen
rs.*** Kids can be notoriously tight-lipped when it comes to matters as private as the state of their friendships, especially if something's gone wrong. But they want you to be interested. "It's almost like a test—how far will you come to maintain contact with me?" says Hara Marano, author of *Why Doesn't Anybody Like Me? A Guide to Raising Socially Confident Kids* (Morrow, 1998). Bring up the topic casually during an unhurried moment, such as during a drive or before bed. "Use a very matter-of-fact voice, with no tension in it," she says. Rather than asking "Who are your friends?" you can try questions aimed at opening up a discussion: "Who do you like in your class? What do you like to do together? Tell me something good or not good that happened today."

If your child declares that "No one likes me," resist reassuring her that "You can always make new friends" or that "Mommy and Daddy love you"; she'll think you're not taking her dilemma seriously. Instead, ask her—and her teacher—about recent changes in her life. Is there a bully at school, or did she have a falling out with her best friend? Brainstorming potential causes—was the friend having a bad day?—can help give her perspective. ■

Cindy Schweich Handler writes frequently for a variety of national publications.



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Continued from page 82

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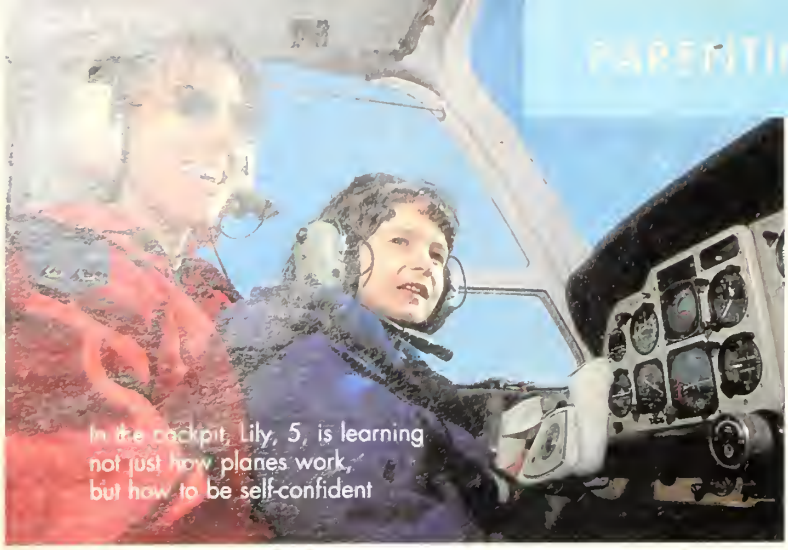
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In the cockpit, Lily, 5, is learning not just how planes work, but how to be self-confident

My secret weapon

To help her through her toughest growing-up moments, I'm teaching my daughter the best lesson I know

By Wendy Hiss

My daughter, Lily, is only 5, but already I'm working on her self-image. My goal is to start fortifying it early, so that by the time she hits adolescence her ego might be strong enough to carry her through the punishments of peer pressure. For this job, I have a secret weapon. It's an airplane.

Face it, girls' egos are at risk particularly during the perils of adolescence. What parent of a boy worries about date rape? Bulimia? The simple truth is that girls, more often than boys, become victims—of others, or of their own grotesque self-images. But a girl who grows up feeling powerful, intelligent, skilled—won't that girl be less likely to be victimized?

I sure hope so. That's why I take my daughter flying. My husband and I are pilots, and we use our single-engine plane pretty much the way other people use their boats, RVs or cars—sight-seeing on weekends, visiting the grandparents, taking a vacation. At the same time, I'm encouraging my daughter to help, playing up her strength and ability in doing a tricky job. While the auto-pilot flies the plane, I let her sit in my lap and hold the yoke, or steering wheel. I ask her to unfold the maps and help spot other airplanes below and above us. Before we start the engine, it is her special job to holler "Clear!" out the window. She knows these are important tasks, and swells with pride doing them. (Lucky for me, she likes to fly, but even if she didn't, I'd find some other skill to teach her.)

What gives girls the confidence to spread their wings?

Compared with my daughter, I came to flying late in life, at 17. But it quickly became a reliable ego boost, my fix in the face of self-doubt. Maybe you know that skin-crawling sensation of hating yourself. The taunting voice inside your head that points out how fat your thighs are—soft and white like dimpled marshmallows. The voice that laughs when you wear the wrong outfit to a party. The voice that builds into a crescendo of accusations, demanding, Why should anyone like you?

The climb back to normalcy from this fear-and-loathing frenzy is slow. I reassure myself, listing the things that I do, and do well. At the top of the list is always the same big thing: I am a pilot. I can take a heavy chunk of metal up into the air and float it back down again safely. The complex and dangerous machine does what I tell it to. Only a fraction of people in this world can accomplish that, I remind myself, and only a handful of those are women. So what if I have bad hair, no Manolo Blahnik shoes. Those tiny transgressions are nothing compared to what I *can* do.

It's the biggest gun in my ego's arsenal, and I hope it will work for my daughter, as well. Today she sits in the cockpit with me and confidently turns the radio dial. Tomorrow she might boldly raise her hand to try out for the role of Juliet in the school play. If she fails in some of the high dramas of adolescence, she'll already have one strong accomplishment to fall back on. If she doesn't make cheerleader, maybe she can console herself with the thought that none of those girls ever flew their mom's airplane.

Even if I don't teach her to fly solo, I think it will be enough for her to have helped. She will grow up understanding the mysteries of aviation, knowing that girls can master something so complicated. Whatever it is that she wants to do later—program a computer, try out for pole-vaulting, ask a boy out on a date—I want to give her the confidence to go for it. In letting her help fly the plane now, I'm handing her a powerful weapon for facing the battles of adolescence and beyond. ■

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kids right now



Venus and Sereno Willioms: rivol sisters

Sibling rivalry: a whole new ball game

Off-court, tennis stars Venus and Serena Williams are the picture of sisterly love. But put rackets in their hands and more than a net comes between them.

You don't have to raise professional athletes to know that sports often amplify sibling rivalries. Because brothers or sisters on the same team are bound to compete over who's the better player, it's the parents' job to make them both feel like important members, says Peter Goldenthal, Ph.D., a child psychologist in Wayne, Pennsylvania, and the author of *Beyond Sibling Rivalry* (Owl Books, 2000). Even if one is the little league MVP and the other is the leading bench warmer, encourage both of them to be enthusiastic about the game. "Don't stop cheering the goals or the points scored; just focus more on the process of the game instead of the outcome," says Goldenthal. Comments like, "I'm glad you're having fun with your friends" or "It's great to see you in your team's red uniform," can help reinforce the fun of the sport without promoting competition between the kids. —*Christina Orlovsky*

GOOD READS FOR TOUGH TOPICS

Need o good way to explain a sensitive subject to your 4- to 8-year-old? The Notional Center for Family Literacy recommends these children's books to help pove the way for o difficult talk:

[illegible]	aging/death	honesty	divorce
Chrysanthemum, by Kevin Henkes (Mulberry Books, 1996). With the help of her teacher, Chrysanthemum finds that her name makes her unique.	*Nano Upstairs & Nana Downstairs*, by Tomie dePaolo (Puffin, 2000). After Tommy's nana dies, he realizes that memories of her will remain forever.	*My Big Lie*, by Bill Cosby (Cartwheel Books, 1999). Little Bill discovers that a teeny white lie means big trouble in the end.	*At Daddy's an Saturdays*, by Linda Walvoord Girard (Albert Whitman & Company, 1987). Katie learns her dad loves her no matter where he lives.
Be Good to Eddie Lee, by Virginia Fleming (Philomel Books, 1993). Eddie Lee teaches Christy to look beyond his Down's syndrome to see the person inside.	*The Memory Box*, by Mary Bahr (Albert Whitman & Company, 1995). Zach helps his grandpa cope with Alzheimer's by creating a box of photos and trinkets.	*Too Many Tamales*, by Gary Soto (G.P. Putnam's Sons, 1993). When her mother's ring disappears, Maria finds that telling the truth saves time—and face.	*Mama and Daddy Bear's Divorce*, by Cornelia Maude Spelman (Albert Whitman & Company, 1998). Dinah deals with how her parents' split affects her.

—*Christina Sciammacco*

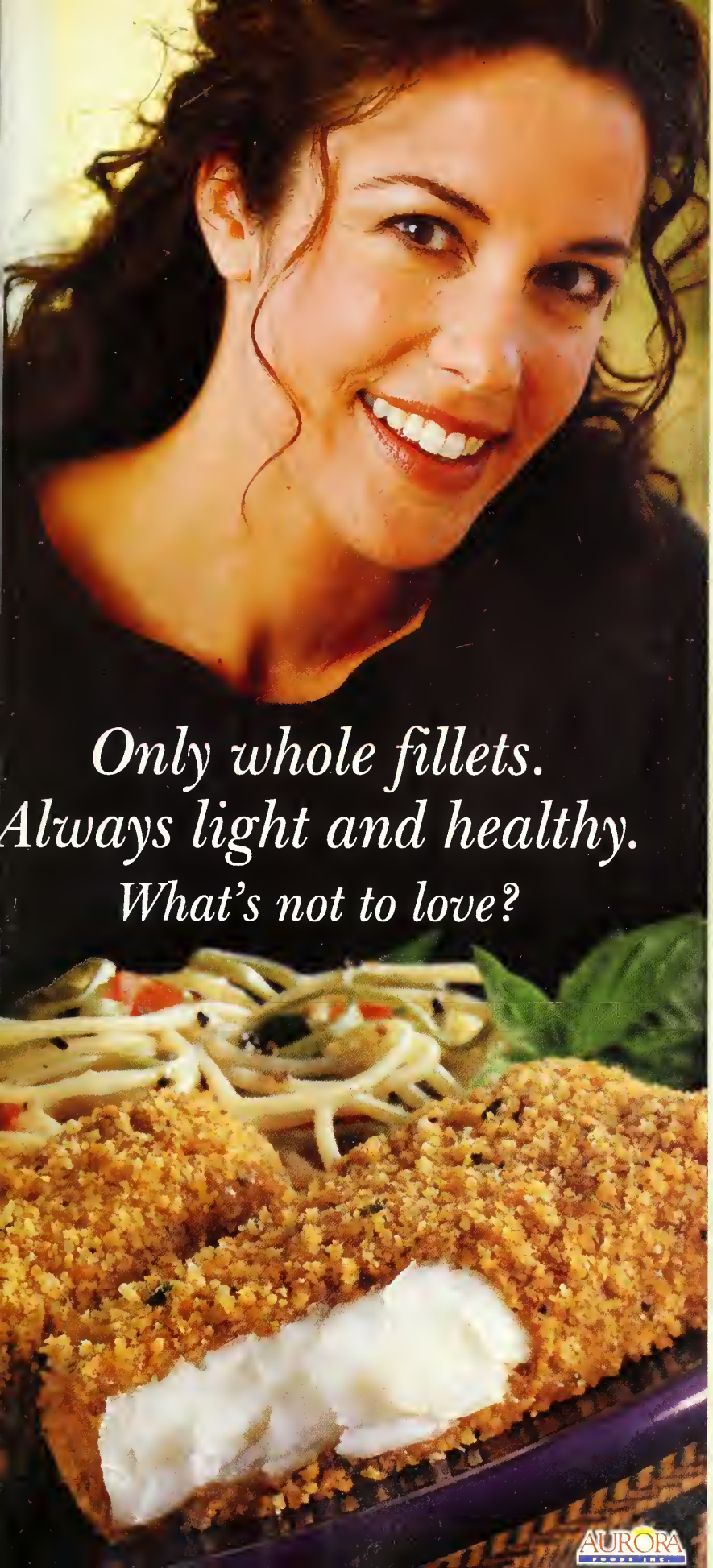
When kids curse



You're shocked. Despite your best efforts to keep your tongue in check oround the kids, suddenly your 7-year-old is using expletives. Why? Though porents often ossume the blome when children begin sweoring, most kids leorn these words from wotching TV or listening to friends, ond commonly use them to express onger, shock odults or assert independence, says Stonley Goldstein, Ph.D., o clinicol psychologist in Middletown, New York. Goldstein odvises parents to keep these things in mind when four-letter words fly:

- Don't overreoct. The worst thing o porent can do is flip out over o few dirty words. Especiolly in dealing with teens, who ore probobly sweoring to assert outonomy, it's best to stoy colm.
- Open the door for communicotion. Exploin that while grown-ups moy sweor sometimes, it doesn't moke cursing on oppropriote woy to express onger. Offer to tolk with your child about his frustrotions.
- Look for signs of something more serious. If your child doesn't stop sweoring within o few weeks, it's often a verbol red flog. Ask her obout possible problems ot school or with friends. —*Meredith Franco*

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money news



Checking Out Charities

A spate of natural disasters has lots of groups asking for your donations. Many of us are moved by these appeals and want to help, but even if the organization sounds legit, how do you know if it really does the good work it claims to—or how much of your contribution actually benefits those in need? Here, the best ways to find out:

■ Ask to see the charity's most recent annual report, which explains its purpose, programs and services. An accountable organization won't have a problem with sending you a copy.

■ The charity's annual report will probably also include an audited financial statement that explains how much of the organization's income is used to fund its philanthropic activities. If it doesn't, request an IRS Form 990, where this information can also be found. The National Charities Information Bureau, a nonprofit outfit that develops standards for charitable organizations to follow and evaluates charities based on their adherence to those standards, recommends that at least 60 percent of a charity's annual income is spent on such activities.

For more information, log on to the National Charities Information Bureau's Web site at *www.ncib.org*.

—Karen McKeon



New Fund on the Block

Traditionally, index funds—mutual funds that seek to match the investment returns of a particular stock index, such as the S&P 500—have been the basic ingredient of many investment strategies. Now there's a new breed of index fund to season your portfolio. Called exchange traded funds, or ETFs, these funds track a market index or sector, but unlike conventional index funds, they trade throughout the day on an exchange like a stock. ETFs' tax efficiency and lower annual fees make them attractive to many investors, but some advisers say to look beyond the hype—a low-cost mutual fund might be a better option.

—Allison Kopicki

What Internet Service Providers Won't Tell You



Seems Internet Service Providers (ISP) are popping up quicker than you can say "subscriber beware." If you're shopping for one, find out if the ISP is camouflaging the following:

■ **"Free doesn't always mean free."** Take NetZero, which, with more than 4 million registered users, is the largest of the no-cost ISPs. NetZero allows you to use their service for only 40 hours per month before they ask you to shell out $9.95 for an "extended access pass" (a free period then begins the following month). And free certainly doesn't mean freedom from what many consider annoying advertisements. In lieu of charging monthly user fees, many of these ISPs get revenue from running intrusive banner ads. On NetZero, a dialogue box pops up every 30 minutes or so, advising you to click on the ad or be booted off.

■ **"Big Brother may be watching."** Though your good name—and telephone and credit-card numbers—are most likely protected once you reveal them to sign up for services, nonidentifying information about you may be disclosed to advertisers and marketing companies. Earthlink users, for instance, receive advertising tailored to their user profile. Some companies, such as MSN, allow you to choose whether or not information about you is shared. Each ISP's privacy policy will explain how your personal information is used while you're on its site.

■ **"Your customer-service agent may really be a recording."** Often, ISP users seeking support are hard-pressed to get a live person on the line. Avoid the phone-tree maze by finding out just who answers that 800 number. Your best bet is to look for a setup like Earthlink's, which offers round-the-clock support by trained technicians.

—Jin Park

By Bloomberg L.P., which publishes Bloomberg Personal Finance magazine and Bloomberg Press Books. For more information and stock market updates, log on to www.bloomberg.com.



here's *something*

can't help it

about Kraft cheese.

Who can resist pasta with Kraft Parmesan? It gives ziti more zing.



15-Minute Parmesan Pasta

8 oz. pasta, uncooked
1 clove garlic, minced, or 1/4 tsp. garlic powder
1/4 cup (1/2 stick) butter, margarine, or olive oil
3/4 cup KRAFT 100% Grated Parmesan Cheese

PREPARE pasta as directed on package; drain.

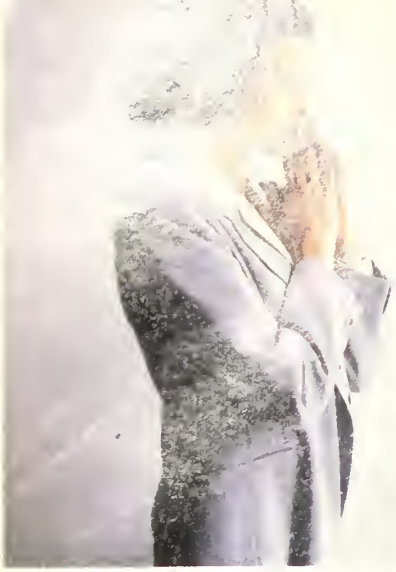
COOK and stir garlic in butter in large saucepan on medium heat until tender.

ADD pasta, toss lightly. Sprinkle with cheese; toss to coat. Serve immediately. Makes 4 servings.

Special Extra: Add 1 pkg. (6 oz.) LOUIS RICH Grilled Chicken Breast Strips and 3 cups of your favorite cooked vegetables with pasta. Heat thoroughly.

KRAFT cheese

Visit kraftfoods.com



How to Tell If Your Job Is in Jeopardy

One week you're writing up memos, the next you're packing up your desk. What clues might tell you you're on the firing line? "Ask yourself, 'If I were a boss looking to get rid of someone, why would I keep me?' " says Anne Fisher, author of *If My Career's on the Fast Track, Where Do I Get a Road Map?* (William Morrow, 2001). Check out these situations for pink-slip potential:

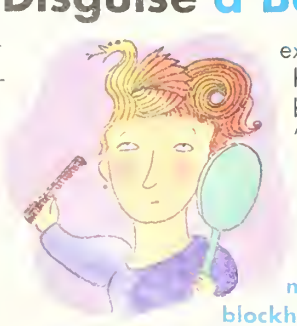
Your company is being acquired. Despite corporate pronouncements of "a combination of equals," if your company is being bought, it's not an equal partner—and employees of the acquiree tend to get the shaft. *Hint:* If the new deal changes your company's name or your title, but the new corporation is slow to issue you new business cards, start reviewing your résumé.

You're under new management and the person who's become your boss hasn't made an effort to elicit your ideas. New brooms often make a clean sweep of old staff. You may be dust if your supervisor is supercritical of everything you do—or, worse, if she completely ignores you. "If your boss won't look you in the eye, that's a bad sign," says Fisher.

You feel out of the loop. Are you no longer being invited to crucial meetings or getting important memos? Does your supervisor hem and haw when you ask for long-term assignments? Is your performance review delayed indefinitely? If you sense that something's not right, it probably isn't.

The economy has gotten the better of your department. "View your business the way management does," advises Fisher. Look at the revenue breakdowns in the company's quarterly financial statement. If your division's profit outlook is bleak, so may be your future with the company.

3 Ways to Disguise a Bad Haircut



There's no need to cover your head with a scarf—or don a paper bag—if your mop gets cropped the wrong way. Experts suggest these tricks to transform a disappointing do:

Bangs too short? Go even shorter, says David Daines, a hairstylist at Gil Ferrer Salon, in New York City. Snip bangs into pixie-like spikes and use gel to accentuate the pointy look.

Does your short style give you the shivers? Apply pomade or extra-strength gel to wet hair and blow-dry from beneath to add volume. "Tousle your hair with your fingers to change the profile of the cut," says Daines.

If that classic bob makes you look like a blockhead, get out your hot rollers or curling iron. "Put some motion into the style," says Mark Garrison, owner of Mark Garrison Salon, in New York City. Curl hair under, then finger-comb for a lively, curlier look.

Packing for a Long Weekend



Leave the trunk in the attic. It is possible to pack everything you need for a weekend getaway in one carry-on bag. Here's how:

- **Start with shoes**, suggests Natalie Carlson, vice president of merchandising for the TravelSmith outfitting guide and catalog. Bring two pairs: one for sight-seeing and a dressier pair for evenings out.
- **Use the shoes to coordinate your clothing color scheme.** "Black clothes are best," says Alexandra Mayes Birnbaum, editor of the *Birnbaum Travel Guides* series. "Gray, navy and beige are also good." Choose fabrics that don't wrinkle, such as raw silk and knit jersey.
- **Make the most of what little space you have** by shoving anything you don't mind wrinkling—socks, underwear, nightshirt—into your shoes. Fold other clothes as flat as possible.
- **All you need for a city weekend**: chinos or a comfortable skirt for the day; a nice skirt or pants for evening; a thin sweater or microfleece cardigan in a bright color and three shirts—one a black silky T-shirt for dressy events.
- **For a country or beach escape**, fine-tune your city duds as follows: Add a pair of jeans or shorts, a sun hat, a bathing suit and cover-up. "An oversize man's button-down shirt can be worn as both a cover-up and a bathrobe," adds Birnbaum.
- **Accessorize.** "Scarves or jewelry can change your entire look without taking up too much space," says Carlson. Handbags with detachable straps can double as clutches for the evening.
- **Leave behind**: a bathrobe, blow-dryer and umbrella—you can always borrow these things from your hotel or your hostess.

By Catherine Fredman

Clip this Ad and bring it to your doctor

Discover The **Only** Cholesterol Medicine Proven To Do All This:

PRAVACHOL®

The FDA has approved these drugs to: When used with diet, when diet and exercise aren't enough.	PRAVACHOL	Leading Brand**
Lower LDL or "bad" cholesterol	✓	✓
Raise HDL-C or "good" cholesterol	✓	✓
Extend life by reducing the risk of a heart attack[1,2]	✓	
Reduce the risk of first and second heart attacks[1,2]	✓	
Reduce the risk of stroke[2]	✓	
Slow progression of atherosclerosis (hardening of the arteries)[2]	✓	
Reduce the need for bypass surgery[1,2]	✓	
Reduce the need for angioplasty[1,2]	✓	

For people with high cholesterol who have never had a heart attack and have no evidence of Coronary Heart Disease
For people who have had a heart attack or evidence of Coronary Heart Disease

The clinical impact of the comparative differences shown in this chart is not known.

Leading Brand is the #1 most prescribed brand of cholesterol lowering medication in the U.S. according to IMS National Prescription Audit, week of 8/4/00.

Important Information: Pravachol® (pravastatin sodium), a prescription drug, is not for everyone, including women who are pregnant or nursing or may become pregnant, or people with liver problems. And because serious side effects can result, tell your doctor about any unexplained muscle pain or weakness you experience while on Pravachol, and about any medications you are taking. He may do blood tests to check for liver problems. Be sure your doctor knows about any other medications you are taking, so any possible serious drug interactions can be avoided. Some mild side effects, such as slight rash or stomach upset, occur in 2-4% of patients. Ask your healthcare provider if Pravachol is right for you.

request information call toll-free
1-877-PRAVA-CALL
visit our Web site at www.pravachol.com
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pravastatin sodium 40 mg tablets

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PRAVACHOL

Rx only

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...official package

...Activ... or unexplained, persistent

...Atherosclerosis is a chronic process and dis-

...ave little impact in the short-term (long-term therapy of pr-

...cholesterol biosynthesis, ...ntal components for fetal

...es). Since HMG-CoA reductase inhibitors decrease choles-

...ng active substances derived from cholesterol, they are con-

Pravastatin should be administered to women of childbearing

...to conceive and have been informed of the **potential hazards**. If the

...of drug therapy should be discontinued immediately and the patient

PRECAUTIONS: Pregnancy)

WARNINGS: Liver Enzy... ...inhibitors, like some other lipid-lowering therapies, have been associat-

...Increases of serum transaminase (ALT, AST) values to more than 3 times

...(not necessarily sequential) occasions have been reported in 1.3% of

...average period of 18 months. These abnormalities were not associated

...treatment duration. In those patients in whom these abnormalities were

...were discontinued from therapy, the transaminase levels usually fell slowly to

...usually asymptomatic although worldwide experience indicates that

...may also be present in rare patients. In the largest long-term placebo-controlled

...Prevention Study, see **CLINICAL PHARMACOLOGY**), the overall incidence

...greater than three times the upper limit of normal was 1.05% in the pravastatin group as

...group. One (0.03%) pravastatin-treated patient and 2 (0.06%) placebo-treated patients

...elevations. Of the patients with normal liver function at week 12, three of 2875

...one of the 2919 placebo patients (0.03%) had elevations of AST greater than three

...in two consecutive measurements and/or discontinued due to elevations in transaminase

...4.8 years duration treatment) of the study. **It is recommended that liver function tests be performed prior to and at 12 weeks following initiation of therapy or the elevation of dose.** Patients who develop increased ...ase levels or signs and symptoms of liver disease should be monitored with a second liver function evaluation to ...confirm the finding and be followed thereafter with frequent liver function tests until the abnormality(ies) return to normal. ...Should an increase in AST or ALT of three times the upper limit of normal or greater persist, withdrawal of pravastatin therapy is recommended. Active liver disease or unexplained transaminase elevations are contraindications to the use of pravastatin (see **CONTRAINDICATIONS**). Caution should be exercised when pravastatin is administered to patients with a history of liver disease or heavy alcohol ingestion (see **CLINICAL PHARMACOLOGY: Pharmacokinetics/Metabolism**). Such patients should be closely monitored. ...started at the lower end of the recommended dosing range, and titrated to the desired therapeutic effect. **Skeletal Muscle: Rare cases of rhabdomyolysis with acute renal failure secondary to myoglobinuria have been reported with pravastatin and other drugs in this class.** Uncomplicated myalgia has also been reported in pravastatin treated patients (see **ADVERSE REACTIONS**). Myopathy, defined as muscle aching or muscle weakness in ...conjunction with increases in creatine phosphokinase (CPK) values to greater than 10 times the upper normal limit, was rare (...0.1%) in pravastatin clinical trials. Myopathy should be considered in any patient with diffuse myalgias, muscle tenderness or weakness, and/or marked elevation of CPK. Patients should be advised to report promptly unexplained muscle pain, tenderness or weakness, particularly if accompanied by malaise or fever. **Pravastatin therapy should be discontinued if markedly elevated CPK levels occur or myopathy is diagnosed or suspected. Pravastatin therapy should also be temporarily withheld in any patient experiencing an acute or serious condition predisposing to the development of renal failure secondary to rhabdomyolysis, e.g., sepsis; hypotension; major surgery; trauma; severe metabolic, endocrine, or electrolyte disorders; or uncontrolled epilepsy.** The risk of myopathy during treatment with another HMG-CoA reductase inhibitor is increased with concurrent therapy with either erythromycin, cyclosporine, niacin, or fibrates. However, neither myopathy nor significant increases in CPK levels have been observed in three reports involving a total of 100 post-transplant patients (24 renal and 76 cardiac) treated for up to two years concurrently with pravastatin 10-40 mg and cyclosporine. None of these patients also received other concomitant immunosuppressive therapies. Further, in clinical ...involving small numbers of patients who were treated concurrently with pravastatin and niacin, there were no reports of myopathy. Also, myopathy was not reported in a trial of combination pravastatin (40 mg/day) and gemfibrozil (1200 mg/day), although 4 of 75 patients on the combination showed marked CPK elevations versus one of 73 patients receiving placebo. There was a trend toward more frequent CPK elevations and patient withdrawals due to musculoskeletal symptoms in the group receiving combined treatment as compared with the groups receiving placebo, gemfibrozil, or pravastatin monotherapy (see **PRECAUTIONS: Drug Interactions**). **The use of fibrates alone may occasionally be associated with myopathy. The combined use of pravastatin and fibrates should be avoided unless the benefit of further alterations in lipid levels is likely to outweigh the increased risk of this drug combination.**

PRECAUTIONS: General: PRAVACHOL may elevate creatine phosphokinase and transaminase levels (see **ADVERSE REACTIONS**). This should be considered in the differential diagnosis of chest pain in a patient on therapy with pravastatin. *Homozygous Familial Hypercholesterolemia.* Pravastatin has not been evaluated in patients with rare homozygous familial hypercholesterolemia. In this group of patients, it has been reported that HMG-CoA reductase inhibitors are less effective because the patients lack functional LDL receptors. *Renal Insufficiency:* A single 20 mg oral dose of pravastatin was administered to 24 patients with varying degrees of renal impairment (as determined by creatinine clearance). No effect was observed on the pharmacokinetics of pravastatin or its 3α-hydroxy isomeric metabolite (SQ 31,906). A small increase was seen in mean AUC values and half-life ($t_{½}$) for the inactive enzymatic ring hydroxylation metabolite (SQ 31,945). Given this small sample size, the dosage administered, and the degree of individual variability, patients with renal impairment who are receiving pravastatin should be closely monitored. **Information for Patients:** Patients should be advised to report promptly unexplained muscle pain, tenderness or weakness, particularly if accompanied by malaise or fever (see **WARNINGS: Skeletal Muscle**). **Drug Interactions:** *Immunosuppressive Drugs, Gemfibrozil, Niacin (Nicotinic Acid), Erythromycin:* See **WARNINGS: Skeletal Muscle**. *Cytochrome P450 3A4 Inhibitors:* In vitro and in vivo data indicate that pravastatin is not metabolized by cytochrome P450 3A4 to a clinically significant extent. This has been shown in studies with known cytochrome P450 3A4 inhibitors (see diltiazem and itraconazole below). Other examples of cytochrome P450 3A4 inhibitors include ketoconazole, ritnebradil, and erythromycin. *Diltiazem* – Steady-state levels of diltiazem (a known, weak inhibitor of P450 3A4) had no effect on the pharmacokinetics of pravastatin. In this study, the AUC and C_{max} of another HMG-CoA reductase inhibitor which is known to be metabolized by cytochrome P450 3A4 increased by factors of 3.6 and 4.3, respectively. *Itraconazole* – The mean AUC and C_{max} for pravastatin were increased by factors of 1.7 and 2.5, respectively, when given with itraconazole (a potent P450 3A4 inhibitor which also inhibits p-glycoprotein transport) as compared to placebo. The mean $t_{½}$ was not affected by itraconazole, suggesting that the relatively small increases in C_{max} and AUC were due solely to increased bioavailability rather than a decrease in clearance, consistent with inhibition of p-glycoprotein transport by itraconazole. This drug transport system is thought to affect bioavailability and excretion of HMG-CoA reductase inhibitors, including pravastatin. The AUC and C_{max} of another HMG-CoA reductase inhibitor which is known to be metabolized by cytochrome P450 3A4 increased by factors of 19 and 17, respectively, when given with itraconazole. *Antipyrine.* Since concomitant administration of pravastatin had no effect on the clearance of antipyrine, interactions with other drugs metabolized via the same hepatic cytochrome isozymes are not expected. *Cholestyramine/Colestipol:* Concomitant administration resulted in an approximately 40 to 50% decrease in the mean AUC of pravastatin. However, when pravastatin was administered 1 hour before or 4 hours after cholestyramine or 1 hour before colestipol and a standard meal, there was no clinically significant decrease in bioavailability or therapeutic effect. (See **DOSAGE AND ADMINISTRATION: Concomitant Therapy**.) *Warfarin.* Pravastatin had no clinically significant effect on prothrombin time when administered in a study to normal elderly subjects who were stabilized on warfarin. *Cimetidine.* The AUC$_{0\text{-}12\ hr}$ for pravastatin when given with cimetidine was not significantly different from the AUC for pravastatin when given alone. A significant difference was observed between the AUC's for pravastatin when given with cimetidine compared to when administered with antacid. *Digoxin.* In a crossover trial involving 18 healthy male subjects given pravastatin and digoxin concurrently for 9 days, the bioavailability parameters of digoxin were not affected. The AUC of pravastatin tended to increase, but the overall bioavailability of pravastatin plus its metabolites (SQ 31,906 and SQ 31,945) was not altered. *Cyclosporine:* Some investigators have measured cyclosporine levels in patients on pravastatin, and to date, these results indicate no clinically meaningful elevations in cyclosporine levels. In one single-dose study, pravastatin levels were found to be increased in cardiac transplant patients receiving cyclosporine. *Gemfibrozil.* In a crossover study in 20 healthy male volunteers given concomitant single doses of pravastatin and gemfibrozil, there was a significant decrease in urinary excretion and protein binding of pravastatin. In addition, there was a significant increase in AUC C_{max} and T_{max} for the pravastatin metabolite SQ 31,906. Combination therapy with pravastatin and gemfibrozil is generally not recommended. In interaction studies with *aspirin, antacids* (1 hour prior to PRAVACHOL), *cimetidine, nicotinic acid, or probucol* no statistically significant differences in bioavailability were seen when PRAVACHOL was administered. **Endocrine Function:** HMG-CoA reductase inhibitors interfere with cholesterol synthesis and lower circulating cholesterol levels and, as such, might theoretically blunt adrenal or gonadal steroid hormone production. Results of clinical trials with pravastatin in male and post-menopausal females were inconsistent with regard to possible effects of the drug on basal steroid hormone levels. In a study of 21 males, the mean testosterone response to human chononic ...was significantly reduced (p< 0.004) after 16 weeks of treatment with 40 mg of pravastatin. However, the per-...owing a >50% rise in plasma testosterone after human chononic gonadotropin stimulation did not ...after therapy in these patients. The effects of HMG-CoA reductase inhibitors on spermatogenesis and ...in adequate numbers of patients. The effects, if any, of pravastatin on the pituitary-gonadal ...s are unknown. Patients treated with pravastatin who display clinical evidence of endocrine ...appropriately. Caution should also be exercised if an HMG-CoA reductase inhibitor or other ...levels is administered to patients also receiving other drugs (e.g., ketoconazole, spironolactone, ...the levels or activity of steroid hormones. **CNS Toxicity:** CNS vascular lesions, characterized by perivascular edema and mononuclear cell infiltration of perivascular spaces, were seen in dogs ...in a dose that produced a plasma drug level about 50 times higher than the ...CNS vascular lesions have been observed with several other drugs in the ...produced optic nerve degeneration (Wallerian degeneration of retinogeniculate pathway) and dose dependent lesions starting at 60 mg/kg/day, a dose that produced mean plasma drug ...level in humans taking the highest recommended dose (as measured by ...vestibulocochlear Wallerian-like degeneration and retinal ganglion cell chromatolysis in dogs treated for 14 weeks at 180 mg/kg/day, a dose which re... plasma drug level similar to that seen with the 60 mg/kg/day dose. **Carcinogenesis, Mutagenesis, Impair...** In a 2-year study in rats fed pravastatin at doses of 10, 30, or 100 mg/kg body weight, there was an increa... hepatocellular carcinomas in males at the highest dose (p <0.01). Although rats were given up to 125 times... (HD) on a mg/kg body weight basis, serum drug levels were only 6 to 10 times higher than those measured... 40 mg pravastatin as measured by AUC. In a 2-year study in mice fed pravastatin at doses of 250 and 500... was an increased incidence of hepatocellular carcinomas in males and females at both 250 and 500 mg/k... At these doses, lung adenomas in females were increased (p=0.013). Serum drug levels were 30 t... mg/kg/day) and 50 times (500 mg/kg/day) that of humans given 40 mg pravastatin, as measured by AUC. ...study in mice with doses at up to 100 mg/kg/day (producing plasma drug levels up to 5 times human drug ...there were no drug-induced tumors. No evidence of mutagenicity was observed *in vitro*, with or without m... activation, in the following studies: microbial mutagen tests, using mutant strains of *Salmonella typhimuri... coli*; a forward mutation assay in L5178Y TK +/- mouse lymphoma cells; a chromosomal aberration test... and a gene conversion assay using *Saccharomyces cerevisiae*. In addition, there was no evidence of mut... a dominant lethal test in mice or a micronucleus test in mice. In a study in rats, with daily doses up to 50... tatin did not produce any adverse effects on fertility or general reproductive performance. However, in a st... HMG-CoA reductase inhibitor, there was decreased fertility in male rats treated for 34 weeks at 25 mg... although this effect was not observed in a subsequent fertility study when this same dose was administe... (the entire cycle of spermatogenesis, including epididymal maturation). In rats treated with this same red... 180 mg/kg/day, seminiferous tubule degeneration (necrosis and loss of spermatogenic epithelium) was ob... not seen with pravastatin, two similar drugs in this class caused drug-related testicular atrophy, decrease... sis, spermatocytic degeneration, and giant cell formation in dogs. The clinical significance of these fin... **Pregnancy: Pregnancy Category X.** See **CONTRAINDICATIONS**. Safety in pregnant women has not b... Pravastatin was not teratogenic in rats at doses up to 1000 mg/kg daily or in rabbits at doses of up to 50 m... doses resulted in 20x (rabbit) or 240x (rat) the human exposure based on surface area (mg/meter^2). Rar... genital anomalies have been received following intrauterine exposure to other HMG-CoA reductase inhibit... of approximately 100 prospectively followed pregnancies in women exposed to simvastatin or lovastatin, ... congenital anomalies, spontaneous abortions and fetal deaths/stillbirths did not exceed what would be exp... eral population. The number of cases is adequate only to exclude a three-to-four-fold increase in congenit... the background incidence. In 89% of the prospectively followed pregnancies, drug treatment was initiated ... cy and was discontinued at some point in the first trimester when pregnancy was identified. As safety in ... has not been established and there is no apparent benefit to therapy with PRAVACHOL during pregn... **TRAINOICATIONS**), treatment should be immediately discontinued as soon as pregnancy is recognized. PRA... tatin sodium) should be administered to women of child-bearing potential only when such patients are highl... ceive and have been informed of the potential hazards. **Nursing Mothers:** A small amount of pravasta... human breast milk. Because of the potential for serious adverse reactions in nursing infants, women ta... should not nurse (see **CONTRAINDICATIONS**). **Pediatric Use:** Safety and effectiveness in individuals less ... have not been established. Hence, treatment in patients less than 18 years old is not recommended at th... **Use:** Two secondary prevention trials with pravastatin (CARE and LIPID) included a total of 6,593 subj... pravastatin 40 mg for periods ranging up to 6 years. Across these two studies, 36.1% of pravastatin subje... and older and 0.8% were aged 75 and older. The beneficial effect of pravastatin in elderly subjects in red... cular events and in modifying lipid profiles was similar to that seen in younger subjects. The adverse event ... erly was similar to that in the overall population. Other reported clinical experience has not identified differe... es to pravastatin between elderly and younger patients. Mean pravastatin AUCs are slightly (25-50%) high... jects than in healthy young subjects, but mean C_{max}, T_{max} and $t_{½}$ values are similar in both age group... accumulation of pravastatin would not be expected in the elderly (see **CLINICAL PH... Pharmacokinetics/Metabolism**).

ADVERSE REACTIONS: Pravastatin is generally well tolerated; adverse reactions have usually been mild ... 4-month long placebo-controlled trials, 1.7% of pravastatin-treated patients and 1.2% of placebo-treat... discontinued from treatment because of adverse experiences attributed to study drug therapy; this dr... statistically significant. In long-term studies, the most common reasons for discontinuation were asyn... transaminase increases and mild, non-specific gastrointestinal complaints. (See also **PRECAUTIONS: Geria...**

Adverse Clinical Events: All adverse clinical events (regardless of attribution) reported in more than 2% of ... ed patients in the placebo-controlled trials are identified in the table below; also shown are the percenta... whom these medical events were believed to be related or possibly related to the drug:

	All Events		Events Attributed to Study Drug	
Body System/Event	**Pravastatin (N = 900) %**	**Placebo (N = 411) %**	**Pravastatin (N = 900) %**	**Plac... (N = ... %**
Cardiovascular				
Cardiac Chest Pain	4.0	3.4	0.1	0.
Dermatologic Rash	4.0*	1.1	1.3	0.
Gastrointestinal				
Nausea/Vomiting	7.3	7.1	2.9	3.
Diarrhea	6.2	5.6	2.0	1.
Abdominal Pain	5.4	6.9	2.0	3.
Constipation	4.0	7.1	2.4	5.
Flatulence	3.3	3.6	2.7	3.
Heartburn	2.9	1.9	2.0	0.
General				
Fatigue	3.8	3.4	1.9	1.
Chest Pain	3.7	1.9	0.3	0.
Influenza	2.4*	0.7	0.0	0.
Musculoskeletal				
Localized Pain	10.0	9.0	1.4	1.
Myalgia	2.7	1.0	0.6	0.
Nervous System				
Headache	6.2	3.9	1.7*	0.
Dizziness	3.3	3.2	1.0	0.
Renal/Genitourinary				
Urinary Abnormality	2.4	2.9	0.7	1.
Respiratory				
Common Cold	7.0	6.3	0.0	0.
Rhinitis	4.0	4.1	0.1	0.
Cough	2.6	1.7	0.1	0.

*Statistically significantly different from placebo.

In three large, placebo-controlled trials (West of Scotland Coronary Prevention study [WOS], Cholesterol and ... study [CARE], and Long-term Intervention with Pravastatin in Ischemic Disease study [LIPID]) involving ... patients treated with PRAVACHOL (pravastatin sodium) (N=9895) or placebo (N=9873), the safety and tol... the pravastatin group was comparable to that of the placebo group over the median 4.8 to 5.9 years of f... lowing effects have been reported with drugs in this class; not all the effects listed below have necessarily ... with pravastatin therapy: *Skeletal:* myopathy, rhabdomyolysis, arthralgia. *Neurological:* dysfunction of certa... (including alteration of taste, impairment of extra-ocular movement, facial paresis), tremor, vertigo, memo... sia, peripheral neuropathy, peripheral nerve palsy, anxiety, insomnia, depression. *Hypersensitivity Reacti...* hypersensitivity syndrome has been reported rarely which has included one or more of the following featu... angioedema, lupus erythematous-like syndrome, polymyalgia rheumatica, dermatomyositis, vas... thrombocytopenia, leukopenia, hemolytic anemia, positive ANA, ESR increase, eosinophilia, arthritis, art... asthenia, photosensitivity, fever, chills, flushing, malaise, dyspnea, toxic epidermal necrolysis, erythema m... ing Stevens-Johnson syndrome. *Gastrointestinal:* pancreatitis, hepatitis, including chronic active hepatitis, ... dice, fatty change in liver, and, rarely, cirrhosis, fulminant hepatic necrosis, and hepatoma; anorexia, vom... cia, pruritus. A variety of skin changes (e.g., nodules, discoloration, dryness of skin/mucous membr... hair/nails) have been reported. *Reproductive:* gynecomastia, loss of libido, erectile dysfunction. *Eye:* progre... (lens opacities), ophthalmoplegia. *Laboratory Abnormalities:* elevated transaminases, alkaline phosphata... thyroid function abnormalities. **Laboratory Test Abnormalities:** Increases in serum transaminase (ALT, AST... have been observed (see **WARNINGS**). Transient, asymptomatic eosinophilia has been reported. Eosinophi... returned to normal despite continued therapy. Anemia, thrombocytopenia, and leukopenia have been reporte... reductase inhibitors. **Concomitant Therapy:** Pravastatin has been administered concurrently with ... colestipol, nicotinic acid, probucol and gemfibrozil. Preliminary data suggest that the addition of either pl... brozil to therapy with lovastatin or pravastatin is **not** associated with greater reduction in LDL-cholesterol t... with lovastatin or pravastatin alone. No adverse reactions unique to the combination or in addition to those ... ed for each drug alone have been reported. Myopathy and rhabdomyolysis (with or without acute renal f... reported when another HMG-CoA reductase inhibitor was used in combination with immunosuppressive d... erythromycin, or lipid-lowering doses of nicotinic acid. Concomitant therapy with HMG-CoA reductase inh... agents is generally not recommended. (See **WARNINGS: Skeletal Muscle** and **PRECAUTIONS: Drug Inte...**

OVERDDSAGE: To date, there are two reported cases of overdosage with pravastatin, both of which were a... not associated with clinical laboratory abnormalities. If an overdose occurs, it should be treated symptom... portive measures should be instituted as required.

REFERENCE: [1]Manson JM, Freyssinges C, Ducrocq M8, Stephenson WP. Postmarketing Surveillance ... Simvastatin Exposure During Pregnancy. *Reproductive Toxicology* 10(6):439-446, 1996.

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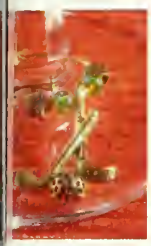
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Reduce heat to medium-hig
cook 4 minutes, until li
browned. Add garlic and cook 3
onds. Pour in wine and boil 1 m
Add tomatoes, chicken with a
cumulated juices, remaining ½
spoon salt and ¼ teaspoon pe
bring to a boil. Reduce heat to
um: cover and cook 10 minutes
cover and cook 10 to 15 mi
more, until sauce is slightly thic
and chicken is tender.
4. Meanwhile, cook polenta d
last 5 minutes of the sauce's co
time, following the package dire
for soft polenta.
5. Divide polenta between four
low bowls, top with Chicken Ma
and garnish with parsley, if de
Makes 4 servings.

Per serving: 625 calories, 9.5 g total fat, 2 g s
fat, 118 mg cholesterol, 1,176 mg sodium, 89
hydrates, 39 g protein, 97 mg calcium, 13 g fib

VEGETABLE-BEAN QUESADILLA

Shiitake mushrooms, beans
cheese are grilled in a flour t
for this vegetarian Southwest
Serve with corn salsa made
fresh super-sweet corn, availa
the produce section.

Prep time: 20 minutes plus standing
Cooking time: 54 to 56 minutes

1 cup dried cannellini, great North
Anasazi beans, or 2 cans (15 to
16 oz. each) cannellini beans dr
and rinsed

Corn salsa:
2 teaspoons olive oil, divided
1 cup fresh or frozen whole-kernel corn
1 can (10 oz.) diced tomatoes and green chilies
2 tablespoons orange juice
¼ cup chopped fresh cilantro

½ pound shiitake mushrooms, slice
¼ teaspoon cumin
½ cup chopped onion
½ teaspoon salt
½ cup shredded Monterey Jack cheese
8 (6- to 7-inch) flour tortillas, such
whole wheat, red chile or spinac

:r dried beans with 2 inches of
ıter. Refrigerate overnight. (*To*
oak: Combine beans with water
er by 2 inches in a 3-quart
ın. Bring to a boil; boil 2 min-
emove from heat. Cover and let
hour.) Drain beans in colander.
beans to saucepan and add cold
o cover by 2 inches; bring to
educe heat and simmer until
re tender, 50 minutes.

e corn salsa: Meanwhile, heat a
onstick skillet over high heat
ıtes. Add 1 teaspoon oil and
ook until edges of corn brown,
tes. Stir in tomatoes-and-green-
mixture; cook until mixture
ıs slightly, 5 minutes. Transfer
vl; stir in orange juice and
). Set aside.

e out skillet with paper towel.
killet over high heat 1 minute;
maining 1 teaspoon oil, mush-
and cumin. Cook until mush-
soften, 2 to 4 minutes. Add
and salt and cook 5 minutes
until onion is translucent. Add
and ⅓ cup water (or canned
nd ¼ cup water) to skillet.

each quesadilla, sprinkle 1 ta-
on cheese on 1 tortilla; spoon
bean mixture over top. Sprinkle
with 1 more tablespoon cheese;
th another tortilla.

t and oil a grill pan over medi-
at 2 to 3 minutes. Grill quesadi-
batches until dark grill marks
med and cheese has melted, 2 to
utes per side. Serve with corn
Makes 4 servings.

ng: 455 calories, 12.5 g total fat, 4.5 g saturat-
5 mg cholesterol, 1,016 mg sodium, 67 g car-
es, 21 g protein, 208 mg calcium, 24 g fiber

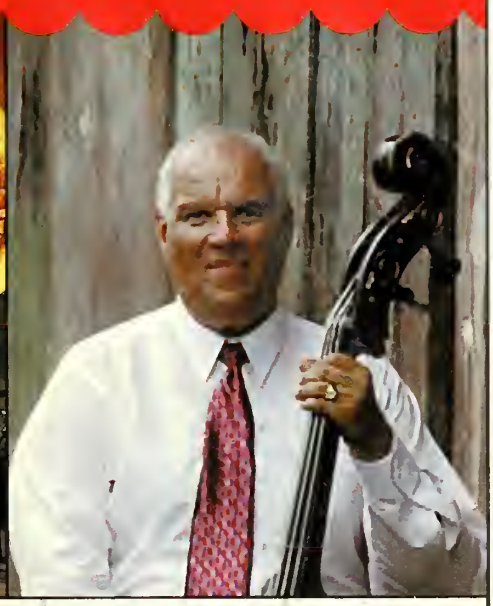
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Asparagus and Barley is an all-in-one hearty healthy meal

THE RIGHT STUFF

When you want a quick nutrition hit, these ingredients give a health and flavor boost to chicken, beef and fish dishes.

Dried beans Try different varieties, such as Anasazi, Tiger Eye, Butterscotch or Black Appaloosa (prepare just like other dried beans). Whichever you choose, all beans are high in fiber and provide folate and potassium.

Grains, such as barley, brown rice, quick-cooking polenta, whole-wheat couscous, add insoluble fiber to help keep the digestive tract healthy.

Fire-roasted canned tomatoes Cooked tomatoes provide more lycopene (good for prostate health) than fresh ones do.

Baby broccoli A vegetable new to the produce section, it's packed with calcium and beta-carotene.

Edamame, available fresh or frozen, is loaded with calcium, fiber and potassium.

Miso (fermented soybean paste) is a flavor enhancer that helps you reduce fat in dressings, soups and marinades.

(continued)

SHRIMP WITH ASPARAGUS AND BARLEY

Pearl barley is a great source of soluble and insoluble fiber, which help lower the body's absorption of cholesterol and fat.

Prep time: 15 minutes
Cooking time: 30 to 35 minutes

2 tablespoons vegetable oil, divided
½ cup sliced shallots
3 coin-size slices fresh ginger
1 tablespoon chopped garlic
1 cup pearl barley
3 cups water
¾ teaspoon salt, divided
1 pound asparagus, ends trimmed and cut into ½-inch pieces
½ teaspoon curry powder
¼ teaspoon freshly ground pepper
1 pound large shrimp, shelled and deveined
½ teaspoon grated lime peel
½ cup shelled cooked edamame beans (fresh soy beans, from about 8 oz. pods)

1. Heat 1 tablespoon oil in a large skillet over medium heat. Add shallots, ginger and garlic, and cook until vegetables soften, 3 to 5 minutes. Stir in barley, tossing to coat grains. Add water and ½ teaspoon salt; bring to boil. Cover and simmer until barley is tender, 30 to 35 minutes. Remove from heat and let stand, covered, 5 minutes.

2. Meanwhile, heat oven to 425°F. Arrange asparagus on a cookie sheet and toss with 2 teaspoons oil. Roast asparagus until tender and lightly golden, 10 to 11 minutes. Set aside.

3. Heat a 12-inch nonstick skillet over high heat, 2 minutes. Combine curry, remaining ¼ teaspoon salt and pepper in a cup. Toss shrimp with remaining 1 teaspoon oil and curry mixture. Add shrimp to hot skillet and cook 1 minute per side, until golden brown.

4. Remove ginger from barley. Transfer barley to large serving bowl and stir in lime peel, shrimp, asparagus and edamame. Makes 4 servings.

Per serving: 405 calories, 10.5 g total fat, 1.5 g saturated fat, 140 mg cholesterol, 585 mg sodium, 50 g carbohydrates, 30 g protein, 129 mg calcium, 10 g fiber

Recipes by Jane Yagoda Goodman and Cynthia DePersio

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The overall height of the Song of Life Wind Chimes is approximately 12 inches. They are crafted with hardwood, aluminum alloy bells and synthetic cord. The Chimes may be hung anywhere, indoors or out—such as a porch, a patio, a garden, in a window, or in the kitchen.

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BORN IN MY HEART

Continued from page 106

knowing anything about her biological mother—and then only for medical reasons. "God forbid I needed a kidney transplant today, where would I go?" Jackie wonders. "And what if I had kids and the kids needed something like that?"

To see Walters with her daughter today, you can't miss the symbiosis between people who are, at heart, very different. Walters, always a lady, is formal and correct—and driven as ever. Jackie, as her new husband, Mark, points out, "is pretty much bothered by nothing." She's still the wild child, a lover of nature and animals. These days, mother-daughter disagreements are confined to such issues as Jackie's tattoos. ("Oh, I hate them," says Walters. "I make her cover them up when she's in New York!")

This summer, the ruggedly handsome, mustachioed Mark, an adventure-travel guide, and Jackie, who live in Maine, plan to open New Horizons, a therapeutic wilderness program for troubled teenage girls. It's a program based on one that helped change Jackie's own life when she was a teenager, and it fostered an abiding love for camping and the outdoors. Walters is thrilled her daughter seems to be comfortable with her own identity—and secure enough so that she can now freely introduce her mother by name. "I wanted my mom to meet my friends," says Jackie. "That's normal. [But] how do you say, 'By the way, my mom's Barbara Walters'?"

"Jackie used to live in a small town in the Northwest, and she told people I was a teacher," Walters explains. "I was probably a little hurt, but I understood. She always said that knowing who her mother was changed the way people treated her. She'd always wanted to be self-supporting, and when people found out I was her mother, the attitude would be, 'Oh, you don't have to work.' Or she wouldn't get a raise because they felt she didn't need the money. So I only met her very close friends."

There's just one major bone of contention between Barbara and her headstrong daughter: babies. Jackie isn't ready to be a mother, but Walters is eager to be a grandmother. "To [illegible] day, I love babies," Walters nea[illegible] gushes. "I've just about stopped n[illegible] ging Jackie to have a grandchild. [illegible] when we go through Central Park [illegible] gether, she says she's watching me [illegible] make sure I don't kidnap one. I star[illegible] go up to someone, and she says, 'S[illegible] away; you'll get arrested!'"

Knowing Walters had adopted [illegible] child, friends have sought out her [illegible] vice on the subject over the years. C[illegible] of them is ABC correspondent Con[illegible] Chung, who went through seve[illegible] years of (very public) infertility tre[illegible] ments. "Barbara has alwa[illegible] 'mommed' me—she's been the m[illegible] wonderful mentor, professionall[illegible] says Chung. "And this time I ask[illegible] her for some personal mentoring[illegible] was scared. I'd just been through so[illegible] professional setbacks. There was [illegible] whole question of balancing yo[illegible] work life with your personal life."

Chung was in her mid-40s and wo[illegible] dered, Am I doing the right thing [illegible] adopting a child? As it turned o[illegible] Walters' answer was the deciding f[illegible] tor for Chung. "She told me that wh[illegible] she looks back at all the extraordina[illegible] things she's done, the one thing sh[illegible] most proud of is her daughter." Chu[illegible] and husband, TV personality Mat[illegible] Povich, went on to adopt a bo[illegible] Matthew, who's now 6.

Ultimately, Walters doesn't thi[illegible] the advice she'd give an adoptive p[illegible] ent would be all that different fro[illegible] what she'd tell any parent: "Make su[illegible] you really want a baby, and you are[illegible] just doing it because society says y[illegible] should, because it changes your life[illegible] But as to the special issues of adopt[illegible] children, she stresses, "You've got [illegible] be comfortable with the idea that t[illegible] child may not look like you, may n[illegible] have your mannerisms or even yo[illegible] way of thinking about the world. B[illegible] on the other hand, she won't ha[illegible] your bad habits, either.

"Your adopted child may not b[illegible] perfect, but then neither would yo[illegible] biological child," adds Walters. H[illegible] voice softens. "Even though I'm not [illegible] terribly religious person, I feel th[illegible] this child was born for me."

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Sautheast

Agua Spa at the Delana Hatel, Miami, FL; 800-949-7414. **Bishap's Salan**, Nashville, TN; 615-646-2722. **Marel Eurapean Spa**, Ft. Lauderdale, FL; 954-561-8799. **Myra & Campany**, Miami, FL; 305-661-2381. **Natural Alternatives Aveda Spa and Salan**, Knoxville, TN, 865-588-3738. **Paris Parker Salan and Spa**, Hammand, LA; 504-345-7754. **Sandalwaads Day Spa and Salan**, Summerville, SC; 843-875-4588. **The Spa at Landsdawne**, Leesburg, VA; 703-723-1860. **Spa Sauth**, Charlatte, SC; 704-376-5002. **Spa Sydell**, Atlanta, GA; 404-237-2505.

Midwest

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Elements Day Spa and Salan, Vancauver, WA; 360-604-8345. **Gene Juarez Salan and Spas**, locatians in the Seattle, WA, area; 425-455-5511. **Remedies Day Spa**, Whitefish, MT; 406-863-9493. **Salavie Spa and Salan**, Sun Valley, ID; 208-726-7211. **Ummelina International Day Spa**, Seattle, WA; 206-624-1370.

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Allen Edwards Salans and Serenity Spas, locatians in Las Angeles; 310-394-2878. **Burke Williams Day Spa**, Las Angeles; 323-822-9007. **Dawn DaLuise Skin Refinery**, Las Angeles; 310-205-0723. **Fred Segal Beauty**, Santa Manica; 310-451-5155 **La Belle Day Spas and Salans**, locatians in Palo Alta; 415-433-7644. **Mister Lee Beauty Hair and Health Spa**, San Francisca; 415-474-6002. **Murad**, El Segunda; 310-726-0470. **Skin Spa**, Encina; 818-995-3888. **Spa Radiance**, San Francisco; 415-346-6281. **Thibiant Beverly Hills Day Spa**, Las Angeles; 310-278-7565. **Vera's Retreat in the Glen**, Los Angeles; 310-470-6362. **Yamaguchi**, Son Buenaventura; 805-658-7909.

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Mother's Day in the Fast Lane

Stacy Campbell's speedy delivery on an Arizona freeway is cause for a family celebration

He's only a baby, but already Nicholas Daniel Campbell is breaking speed limits.

In February, a pregnant Stacy Campbell, 25, and her husband, Mark, 27, thought it was "time." The anxious couple left their 15-month-old son, Anthony, in his grandmother's care, packed up their Nissan Sentra and headed for the hospital. "They told me I wasn't ready to deliver, and they sent me home," said Stacy. Convinced the baby would wait, the couple grabbed a bite to eat and settled in for what would be their last full night of sleep for months to come.

BUT THE FOLLOWING MORNING, Stacy's intense contractions sent them out the door again. A half-block away from their home in Gilbert, Arizona, Stacy's water broke. "I knew we would never make the forty-five-minute ride to the hospital," said Stacy, who could feel the baby's head crowning.

While Mark floored it, Stacy screamed out in desperation. That's when Mark spotted a police officer investigating a minor accident on the side of the road and stopped to ask for help. "My wife is having a baby," Mark told Officer Paul Estrada. "We need your help."

Two minutes later, on the side of an overpass on Val Vista Drive in Mesa, Arizona, the officer delivered the healthy 6-pound, 2-ounce baby boy.

What will Stacy get this Mother's Day? Her husband has offered to detail her car. *—Melinda Leader*

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PHOTOS, FROM TOP: MICHEL NAFZIGER, ROY VOLKMANN, MARK THOMAS.
LADIES' HOME JOURNAL® (ISSN 0023-7124) JUNE 2001, VOL. CXVIII, NO. 5, PUBLISHED



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Magical Mystery Tour

Picture this: You are standing on the sun-flooded lawn of a magical castle, surrounded by blooming azaleas and cherry blossoms. Just steps away, seven of America's most famous 3-year-olds turn somersaults nearby. With you are your children, in a blissed-out state of enchantment: "Pinch me," one keeps saying. "Are we really here?" The other, smiling, wraps his arms around your waist in joy. And here's the best part: You get paid for all this.

That was my trip to Disney World, to see the McCaughey septuplets take their first big family vacation. And it was even more perfect that I got to bring my kids, too: Maggie, 9, and Evan, who turned 8 under the watchful eye of Mickey and Minnie. Photographer Dana Fineman-Appel, who has chronicled this amazing American family since birth, also brought along Sophie, 4, and Luke, 3. It was three days of pandemonium: sweet as cotton candy, thrilling as Space Mountain, noisy as the Main Street Parade.

And—isn't this true with all family vacations?—it's hard to predict the magic moments. But I think I got a peek at one, which had more to do with big sister Mikayla than with the septuplets themselves. Mikayla, decked out in her very own Snow White dress, stood amid her seven running, laughing, screaming siblings who have brought so much fame to her family. Just then, the real Snow White and her Dwarfs appeared. Snow White embraced the little girl from Iowa: instant soul sisters, transported to a place we grown-ups can only vaguely recall.

The Dwarfs remember, though, and know that even this most self-assured mother of eight needs some Inner Magic: As the Dwarfs left (And, no, they don't sing "Heigh-ho"), none other than Grumpy doubled back and gave Bobbi McCaughey a final hug.

For more on the septuplets' excellent adventure, turn to page 121.

e-mail me at sarah@mdp.com

Editor-in-Chief Myrna Blyth and Editor Sarah Mahoney alternate writing this column.

HOW MANY PEOPLE DOES IT TAKE TO PHOTOGRAPH SEPTUPLETS?

Taking the McCaughey septuplets on their first big road trip required more planning than most spaceship launches. Among the preparations:

49 total clothing changes for the septuplets

180 rolls of film

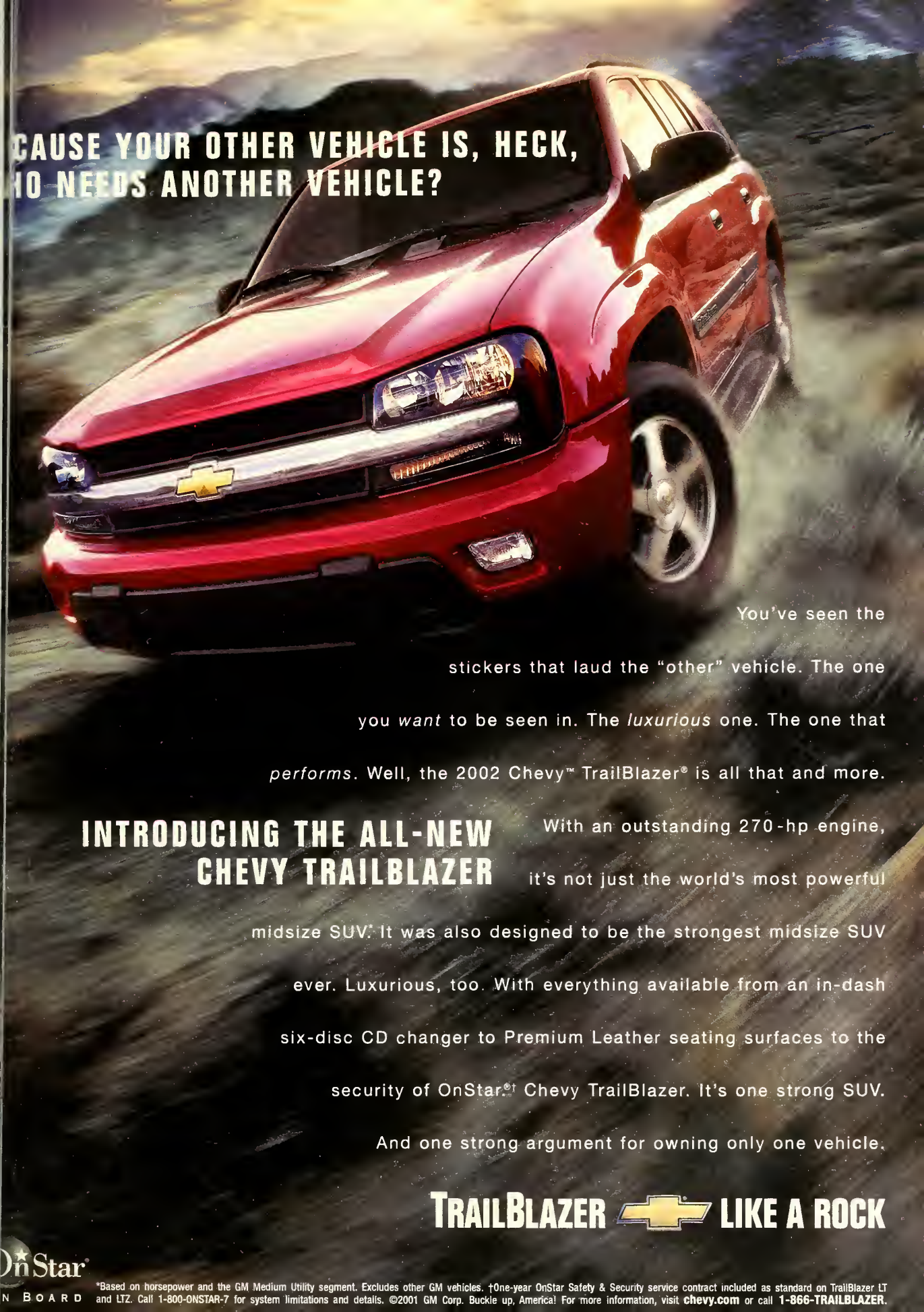
8 stuffed animals

12 Mouse ears with cursive script

Personal hellos from **17** characters

6 Iowa volunteers plus Mom and Dad (keeping the adult-to-toddler ratio one to one)

16 sunglasses



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contributors



DANA FINEMAN-APPEL

This photographer has documented the McCaughey septuplets throughout their young lives. But this time was like no other. "I hate to sound like a commercial, but shooting at Disney was really a dream come true," says Fineman-Appel. To see what she means, check out "The Septuplets' Excellent Adventure" (page 121).

JEANNIE RALSTON



For this mother of two, writing "Just One More?" (page 146), a story about deciding whether or not to have another baby, was more like therapy than actual work. "For women around my age, it's a subject that comes up a lot," says Ralston, 40. "We ask, 'Should I really do this again?'"



ROY VOLKMANN

As a photographer and one-time dancer, Volkmann knows that a model who moves with grace can help turn a photo into a masterpiece. He says Chloe Sciamma, who posed for "Smooth It, Firm It, Hide It" (page 138), had all the right stuff. "She just knew how to move very well," says Volkmann, who also photographs various dance companies.

LAUREN PICKER

Researching "Sexual Passages" (page 52), Picker learned that it's a myth that a woman's sexual desire fades after 30; instead, throughout her life, a woman's sexuality is marked by peaks and valleys. "I'm thirty-seven," says Picker, "so it's nice to know that the end is way in the distant future." Her work also has appeared in *Newsweek*.





SHARLENE K. JOHNSON

When she investigated crime trends for "How Safe Is Your Family?" (page 112), Johnson, a contributing editor at *Ladies' Home Journal*, learned a lot about identity theft, which has made her much more cautious. Says Johnson, "I am definitely more careful about giving out personal information like my social security number."

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Kids and Sex

Editor's Note: We received more than 150 letters about our story "The Secret Sex Lives of Kids" (March). Many of them were from concerned parents, but some were from children with their own opinions on the subject.

I was completely blown away by "The Secret Sex Lives of Kids." After reading the article, I talked with each of my children individually. While my 9- and 12-year-olds were oblivious to the sex trend among preteens, my 15-year-old daughter confirmed everything in your story, saying that kids are considered "uncool" if they haven't had oral sex. Thank you for opening my eyes.
Barbara Baquero, Cypress, Texas

Your article made it sound like we teenagers are sex-obsessed maniacs, which we're not. Many of us are mature about this issue and know the seriousness of sex in a relationship, which leads us to abstain until after we say "I do." Although some teens may turn to sex because they're having problems at home, it isn't the "latest trend" among us.
Name withheld, 15,
Troutdale, Oregon

The Name Game

I disagree with "A Baby Named Silly" (March). An unusual name can be a blessing. My own name was chosen with care and given in love, and I have always liked it. And it's not at all unusual that Madonna should choose the name Lourdes—popular in Spanish and Italian cultures—for her daughter. Parents should encourage children's individuality, and what better beginning than an out-of-the-ordinary name?
Jacila (thank you, Momma!) Gardner, Jacksonville, Florida



More preteens today are sexually active

I have one of those problematic names. Through the years, I have endured countless misspellings and remarks like, "Your name must *really* be Rebecca." I can't tell you how many times I've had to produce my birth certificate because people don't believe me. I beg parents not to give their child a nickname for a name, and to use a conventional spelling. As for me, I will be giving my child a very ordinary name.
Beckie Perreault,
Kensington, Connecticut

A Voice Against Hatred

Bravo to Bonnie Jouhari for her stand against prejudice and hatred in "The Woman Who Wouldn't Be Silenced" (March). Shame on those among us who look the other way or, worse yet, participate in this bigotry. I believe it is well past time for stronger legislation against hate crimes. It is beyond me that so many conservatives are against this.
Margaret Paulson, Houston, Texas

Girl? Boy? Who Cares?

The women in "But I Wanted a Girl" (March) who feel "disappointment, sorrow, even anger" over not having the gender of baby they'd hoped for should thank God that they have a child at all. I wouldn't wish infertility or a hysterectomy on anyone, but if these women had experienced half of what I have, they would know the true meaning of disappointment, sorrow and anger.
Jennifer Soloski,
Sheboygan, Wisconsin

I found out recently that we are having a baby boy. Although my husband is thrilled, I was disappointed. Having a girl has always been a dream of mine, especially since we were going to name her after my mother. I feel better knowing I'm not alone and that I am *not* a terrible person for wanting a specific gender. Your March article came at just the right time for me.
Diana Garcia,
Bethlehem, Pennsylvania

rants & raves

Of course, servers at restaurants deserve to be rewarded for good service, but coffee bars and take-out shops that put out tip jars by the cash registers are taking that concept a bit far. Do we really have to give someone 50 cents for the 10-second effort of filling a cup—especially when we have to add the milk and sugar ourselves? If they expect us to shell out the extra change, we should at least get lids that don't leak and bags that don't rip. *—Kim Korby Fraser*

Your Chance to Sound Off: Reader service editor Kim Korby Fraser is fed up with tipping at coffee bars. What's on your mind? Send your rants and raves—and your comments about our stories—to **Letters**, Ladies' Home Journal, 125 Park Avenue, New York, NY 10017, or send an **e-mail** to lhj@mdp.com. If you want your letter to be considered for publication, please include your name, address and daytime phone number. Letters may be edited for space and clarity.


If you're over 60, you should know the warning signs of osteoporosis.
Unfortunately, there aren't any.
The fact is, nearly 40% of women in their sixties have osteoporosis. Your risk may vary but it does increase with age. A thin build, or Caucasian or Asian descent, can increase your risk of osteoporosis. But early on, osteoporosis is often a silent disease, so you may not see any signs. However, eventually it can lead to broken bones or the disfiguring dowager's hump. The good news is, if osteoporosis is detected early enough, its effects may be prevented.
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june file

Happy Birthday to *You* Marilyn Monroe would have blown aut 75 candles on June 1. In hanor of the icon, MGM is releasing a special-editian DVD of Monroe's classic film *Same Like It Hot*, which paired the sex symbol with actors Jack Lemman and Tony Curtis. The DVD includes never-before-seen photas of Monroe shooting the Oscar-nominated flick. For its part, 20th Century Fox Home Entertainment is releasing The Marilyn Monroe Diamand Collectian, five digitally restared Monrae classics, including *The Seven Year Itch* and *Bus Stop*. . . . **In the Genes?** The book warld is buzzing about this month's release af *All the Finest Girls* (Little, Brown & Co.; $23.95), the first novel of Alexandra Styran, daughter of the critically acclaimed writer William Styran. The book explores a woman's real and emotional journey prompted by the death of her belaved, lifesaving childhood nanny. . . . **Real Men Like Flowers** A recent Rutgers University study finds that men who receive flawers see the world through rose-colored glasses. Guys wha were surprised with bouquets increased eye contact, staod closer to researchers and smiled more than men in the cantral graup wha never received a daisy, posy or even a dandelion. Yet the Saciety af American Florists reports that only about 14 percent of wamen's floral purchases last year were gifts for men. (A Father's Day idea, perhaps?) For mare informatian an flaral trends, visit *www.abautflawers.com*





Men in Shorts

Bring up the topic of men in shorts, and you might think of tightly stretched bermudas—maybe matched with white tube socks—squeezed into an airplane seat, or Tony Soprano in shorts and a flapping bathrobe. We could be seeing more of these images this summer. The marketing firm NPD Group Inc. reports sales of men's shorts were up 6 percent in 2000, totaling $3.8 billion, or some 227 million pairs. To work, tell your man shorts can't be too short, too long, too baggy or too bright, says image consultant David Steinberg. Adding to a guy's confusion is the "casualization" of fashion. "It was always, 'I've got an office outfit and a weekend outfit,'" says Tom Julian, men's fashion-trend analyst for the ad agency Fallon Worldwide. Now it's not that simple, but as Steinberg advises: "If you're walking down the street and people almost burst out laughing. . . there might be a problem." —*Ellen Wulfhorst* ▶



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KITTY GLITTER

Little Boots' fishy breath might be a sign of something more than the tuna you've been feeding her. It could signal dental problems, says Heidi Lobprise of Dallas. She's one of about 60 members of the American Veterinary Dental College, whose ranks have grown steadily since the college first certified pet dentists in 1989. They offer everything from orthodontics to periodontal surgery, with gum problems the most commonly treated ailments. Lobprise sees about eight to 10 animals a day, including cats, dogs, rabbits and ferrets. Says Randi Brannan, a Portland, Oregon, vet who sees about 900 pets each year: "When I say I'm a veterinary dentist, people just laugh until they realize they have a pet who needs treatment." Ideally, pet dentists say, owners should brush their cats' and dogs' teeth daily, if possible, and get annual dental cleanings. Office visits can be costly: Cleanings alone can cost $250. But isn't Boots priceless?

WEDDINGS hot and hotter

For the wedding season, here's a look at celebrity trends in knot-tying.



Hot: Diamonds with accents that could have been Grandma's, like the one on the vintage ring actor Giovanni Ribisi gave his bride.

Hot: Getting everyone into the act. Matchbox 20 lead singer Rob Thomas' bride, Marisol, had Vera Wong sew a pocket into her dress for a friend's rosary.

Hot: Splurging on a huge and elegant ballroom. (Who doesn't want to keep up with the Zeta-Joneses?)

Hot: Proposing on live TV (as the Giants' Jason Sehorn did to *Law and Order*'s Angie Harmon on the *Tonight* show).

Hot: Adding a personal touch—i.e., Debra Messing's take on Britney Spears for a post-vows duet with *Will and Grace* co-star Sean Hayes.

Hotter: Super-big rocks à la the actress Kate Hudson's five-carat diamond ring from Chris Robinson of the Black Crowes.

Hotter: Tradition, as in tennis champ Pete Sampras' embrace of his Greek roots by breaking dishes on the dance floor after marrying Bridgette Wilson.

Hotter: Destination weddings. Think Madonna and Guy Ritchie's shindig in a Scottish castle.

Hotter: Proposing on bended knee in church, which is what MTV veejay Carson Daly did to win Tara Reid's hand.

Hotter: Catering to guests' *true* tastes—i.e., Jerry Seinfeld and Jessica Sklar making stogies and pool available at their celebration.

Zen for an afternoon

Experts tout the art of Zen—the practice of concentration, breathing and posture to promote deeper awareness—as an antidote for the modern woman's overburdened life. So we asked three busy women to clear away all distractions and give up talking for a few hours. Their reactions:

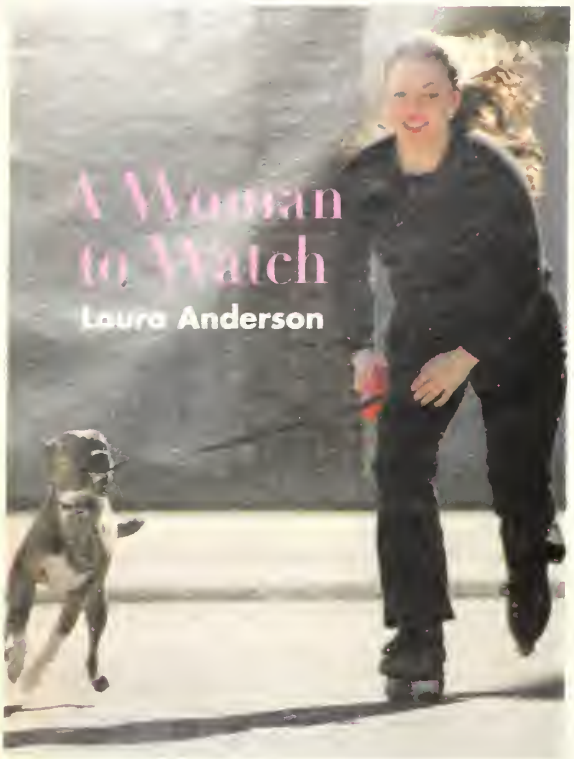
"As soon as I got situated, the phone rang. I decided it might be best to spend time outside. I just listened to the sounds of the birds, the breeze, my own *breath*. I felt like I was on a mini-retreat."
—Karen Rominger, 26, Tucson, AZ, e-commerce business owner



"I can't believe how much I talk—I was able to keep quiet for only two and a half hours. I was so intent on *not* talking that I was never able to completely relax."*—Theresa Ward, 29, Rocklin, CA, environmental consultant*

"Being silent at work made me focused. Listening to those around me made me realize how some people need to fill in the gaps of silence all the time. We should all try to take a break from our regular routine, and be quiet!"*—Colleen Fitzgerald, 32, New York City, technical recruiter*


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When Laura Anderson was raped at age 17, "I was angry at everyone around me," she says. Now, more than two years later, she's redirecting her anger. An in-line skater who's competed professionally, the 20-year-old Dallas native plans to skate across the U.S. to raise awareness about rape. (Friends will travel in an RV behind her.) Anderson hopes her journey—to be completed next year—will encourage donations to groups like the Rape Abuse & Incest National Network (RAINN), a 24-hour confidential hotline. (Contact RAINN at 800-656-4673.)

the giving spirit



High school becomes another world

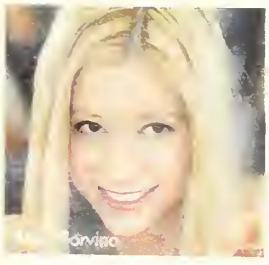
PROM NIGHT

Many communities help out with the local high school's prom. But in Port Jefferson, New York, residents start planning for the June event before their Christmas shopping is done. Construction firms lend their cherry pickers (for decorating the school's facade), and shops donate door prizes. Parents and non-parents alike take an entire weekend to transform the gym, right down to the rest rooms, into an Italian village, as they did in 1997, or a brightly lighted "Manhattan skyline" in 1995. Students are always kept in suspense about what they'll find. Tables are elaborately decorated to amplify the evening's theme. Reflecting on the 43-year-old tradition, Susan DeVeau, this year's co-chairperson, says, "This community loves its kids."

Culture Vulture How many people does it take to *stage* a war? The Memorial Day weekend blockbuster *Pearl Harbor*, starring Ben Affleck and Alec Baldwin, tapped an estimated 3,500 extras (civilian and military) in shooting the $130 million film.

What I Gave My Dad

Father's Day is a time for reflecting upon some of the gifts women have given their dads. Some examples from a few famous daughters:



"The gift my father [actor Paul Sorvino] treasures most is a poem I wrote for him when I was in elementary school."



"The best gift I ever gave my dad was the video I made for his eightieth birthday—what I hoped would be a tribute to him."



"My dad's passion is fishing. This year I bought him a great rod and reel. But how do I top that next year?"

Reported by Jennifer Hoppe, Christina Sciammacco, Francesca Di Meglio and Meredith Franco


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The actress fights to protect teens from AIDS

Mary Steenburgen



Actress Mary Steenburgen recently finished shooting *Three's a House*, a dark comedy co-starring Kevin Kline, due out next year. Her impressive range can be seen in films such as *Parenthood* and *Melvin and Howard*, for which she won an Oscar for best supporting actress. But one of her most challenging roles—and perhaps her most rewarding—has been that of spokesperson for the Elizabeth Glaser Pediatric AIDS Foundation, which has raised more than $120 million for AIDS research and education since its creation in 1988. (Married to actor Paul Glaser, Elizabeth contracted the disease after a blood transfusion and then passed it on to her daughter, Ariel. Elizabeth died in 1996, Ariel in 1988.)

This month (on June 10), the foundation holds its annual "A Time for Heroes" fund-raiser. Sponsored by Target, the Los Angeles event features celebrity volunteers (the "heroes") such as Jane Leeves, Roma Downey and Sara Gilbert running a charity carnival. "A lot of people in this country think AIDS has been cured," says Steenburgen, "because, with the new drug cocktails, we're not losing friends at the rate we did initially." But the actress, who rattles off facts and figures with an academic's precision, notes that young people in the U.S. are being infected with HIV at an alarming rate: Roughly one half of the 40,000 new infections each year occur among teens and young adults. That's a sobering statistic for any parent; for their part, Steenburgen and her husband, actor Ted Danson, have four children, ranging in age from 16 to 21 (he has two sons; she has a son and a daughter). Steenburgen jokingly calls her blended family "a demented Brady Bunch."

Do you and Ted discuss AIDS with your children?

They've all been taught ad nauseam about having protected sex and the responsibilities of having sex in the first place.

You've been involved in the foundation from the start because you knew Elizabeth personally?

We met at a "Mommie and Me" swim class. My "baby" [daughter Lilly] is now 20. I liked Elizabeth very much. She didn't know then that she was infected, and she became a very different person with the knowledge of what had happened to her. She was transformed by her adversity into the most powerful person she could be. Elizabeth found her greatness.

What would you say was one of her biggest contributions?

She realized that there were so many different groups trying to find an AIDS vaccine. But they weren't sharing their information. She decided to give grants to scientists, but she structured them so that people could get them only if they built on the work of another foundation scientist. That's led to huge advances: We've helped reduce the HIV transmission rate from [pregnant] mothers to their children.

In *Philadelphia*, you played a lawyer on the team *fighting* an AIDS victim [played by Tom Hanks].

It was the weirdest thing, because I'd lost a friend to AIDS just a few days before shooting began. I found it very hard to let go of my own heartbreak and play that character.

How do you balance a career, family and the demands of the foundation?

I just say no when I have to say no. If I do that today, I don't feel torn the way I once did.

Should celebrities be vocal about their causes?

I have a responsibility to say this is what I believe.

Are you hopeful about today's kids?

Some adults say a lot of negative things about our young people, but they don't know the young people *I* do.

—*Jim Brosseau*

(For more information on the Glaser foundation, call 888-499-4673.)

"Some adults say a lot of negative things about our young people"



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ed on Polk domestic large car segment registrations. **According to Polk statistics for the 2000 model year, Buick LeSabre had the greatest entage of households to return to purchase/lease another LeSabre. †Top car in the $20,000 to $25,000 category.

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Lindsay Dahl

Age 15 Tucson, AZ

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WINNING ESSAY

Why is this recipe an old-fashioned favorite?

INGREDIENTS:

Quote from recipient:



HOW DO YOU FEEL TODAY?

my glasses are rose-tinted

Optimism



01 P&G



pro tip: island beauty



"This summer go for a sun-kissed glow with a hint of color. It's light, simple and perfect for any skin tone," says NYC makeup pro and Bath & Body Works spokesperson Carmindy. To get the look: Sweep bronzing powder onto your forehead, nose, chin and temples. Use a translucent, pink-toned bronzer instead of a metallic, opaque one—you'll get a more natural-looking golden tan. Next, apply a rosy pink blush to the apples of your cheeks and slick on pink lip gloss. Get all the necessities with Bath & Body Works Getaway Compact in Suntan ($19) or try Clarins Palette Impression For Face in Morning Sun ($28); Bourjois Pastel Joues in Rose D'Or ($13; 877-973-7467); and Stila Lip Glaze in Grapefruit ($24).

Bargain Beauty

Control[d] Substance by Salon Selectives, a melon-scented putty, molds hair for defined curls or a piecey or sleek look for only $2.99.





CELEB PICK

Reese Witherspoon's secret for beautiful eyes: Shu Uemura's Eyelash Curler ($13; 888-540-8181). The crimper on this handmade tool has an extra-wide curve and a rubber base for more curling power. The result: long, flirty lashes.

ON TREND: GROSGRAIN CUFFS

Grosgrain ribbon, basic to preppie style, is making a comeback in everything from jewelry and hair accessories to handbags and home furnishings. Snap on colorful, leather-backed cuffs, like these by Gerard Yosco ($48 each; select Saks Fifth Avenue stores), and it's back to the future this summer!



NO PROBLEM: Bikini waxing soothers

You didn't steel yourself for that bikini wax to be left with angry red bumps. NYC waxing expert Anne-Cecile Curot of the Ella Baché Spa offers these soothing solutions: 1) Take ibuprofen before you wax to help minimize swelling. 2) Use a cold wax instead of a hot one, since skin is more sensitive to heat, which causes redness. 3) After waxing, apply an antibiotic lotion like Neosporin or My Epil Post Depilation Moderating Gel ($14.50; available at Ella Baché Spa, 800-922-2430), which contains mint, chlorophyll and witch hazel to baby skin and salicylic acid to slow hair growth. 4) Avoid applying anything with alcohol or camphor, which can sting. 5) Try at-home remedies, like soaking in an oatmeal bath or applying milk or cold compresses.



"...ain't no bugs on me!"

let's talk

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AVON



the smart woman's guide to self-tanning

No more streaks, smears or stains. Follow our body-bronzing cheat sheet to get the perfect, safe tan—a fake one

By Jessica Goldberg

We all know the basics for applying self-tanner: Exfoliate beforehand, wear gloves and smooth onto clean, dry skin. But, how can you be sure you'll get a natural-looking tan with all your nooks and crannies? Apply tanner like a pro with tips and tricks from Helen Famulare, Spa Training Manager for Elizabeth Arden Red Door Salon and Spas.

Spray, lotion, gel or foam?



SPRAY
Best for: oily skin
Drying Time: 15 minutes
How to: Prevent streaking by spraying into a tissue to unclog nozzle. Hold 8 inches from body; sproy evenly ond massoge into skin.
Try: Phytomer Instant Self-Tonning Spray ($33.50; www.sephora.com)



GEL
Best for: all skin types
Drying time: 15 to 20 minutes
How to: Apply o quorter's worth to your fingers for large areas (o dime-size amount for smaller areas); mossage in upward strokes.
Try: Clarins Self Tanning Instant Gel ($24.50)



LOTION
Best for: dry skin
Drying time: 20 minutes.
How to: Apply the same as gel, but make sure all lotion is absorbed to avoid unsightly streaks.
Try: Coppertone Endless Summer Sunless Tonning Lotion ($12.99)

FOAM
Best for: normal to dry skin
Drying time: 15 minutes
How to: Massage an egg-size amount for lorge areas (holf an egg for smaller areas) into skin.
Try: Neutrogena Sunless Tanning Foam ($8.45)



TIMESAVING TANNERS While most self-tanners take two to three hours to develop, two new formulas will give bronzed goddess status in less than half the time: Biotherm Express Self Tanning Spray for Body ($17) gives a glow in 60 minutes; Bain de Soleil Radiance Eternelle Self Tanning Crème ($16.99), which uses Hydrosil, a color activator, creates your tan in 30 minutes.

Warning: Self-tanner does not protect you from UV rays. Apply sunscreen before going outdoors.

TRICKY PARTS

Between toes/fingers: Avoid these areas. Tanner collects in webbing, causing discoloration.
Heels, knees, knuckles, elbows: Skin around these joints is drier and more prone to streaks. Use a loofah on these areas and apply moisturizer the night before tanning.
Belly button: Remove excess self-tanner with a cotton swab.
Back: Must use a spray for self-application. Look in a two-way mirror to apply evenly.
Face: Apply Vaseline to lips and eyebrows to keep them color-free. Never spray directly onto your face. Spray gloves, rub together and apply.

Now You See It . . .

A tinted formula shows exactly where self-tanner has been applied. Try: Revlon Summer Skin Tinted Self-Tanner for Face & Body ($12.95) or Maybelline Tinted Self Tanner ($9.50). If there is a streak, lightly scrub with a nail brush and shower gel. Don't use self-tanner more than twice a week or you might see same blotchiness.



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show off your . . .

Time at the beach doesn't have to mean it's time to grin as you bare it all. Here, the best suits to flaunt your assets

CHOOSING THE MOST FLATTERIN bathing suit for your figure should start wit what you like *best* about your body. Belov the style details to help you accentuate you positives this season:



Proud of your long shapely legs but need a little tummy coverage? Try this super-high-cut tankini by Anne Cole, $90.



When the tummy has no trouble, go for a two-piece that shows some leg, too; Margot Hotson for Bondi Bathers, $85.



Flatter a beautiful bustline with a deep V-neck halter; this one, Free by Gottex, $82.



Nothing accentuates a toned back better than a classic low-scoop tank—pick it up in red, a classic. Liza Bruce, $185.



The focus is on great gams when you're sporting a basic bandeau tank. Calvin Klein, $86.



Strong shoulders come out of hiding in a scooped halter-style tankini; Calvin Klein, $122.



Flaunt cleavage a little—or a lot—with a zip-front tank. This racer-back, by Karla Colletto, $170, also shows off shoulders.



For the whittled middle pick a suit that's got cutout sides; go wild with a snake-skin print. Liza Bruce, $295.

trends



Making their way to a pool near you Above: A mesh insert allows the illusion of a two-piece and sports trendy embraidery; Jantzen, $94. Below: Swarovski crystals, a favorite in evening-wear designs, add sparkle to a simple tank by Robin Piccone, $120.





The sun

is some

93 million

miles

from earth.

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to your skin.



u may not realize all the sun your skin is actually taking in. Like the
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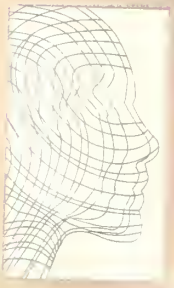
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**Upper layer of the skin.

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BECAUSE I'M WORTH IT.

Style by Stacey

Some women just have that knack for knowing what looks—and feels—great to wear. Here's one who let us in on her secret to creating one-of-a-kind style



For Stacey, wearing pastels and prints is a stylemaker and mood-lifter, too

Admittedly, Stacey Pecor got a head start on the personal-style front: As an 11-year-old working in her mother's Pappagallo shop in Burlington, Vermont, "I learned how to pick out trends pretty early on," says Stacey, now 36, the founder and buyer for Olive and Bette's catalogs and boutiques in New York City and Vermont. And this summer, Stacey is sporting "preppie with a twist" styles—jeans, capris and T-shirts that add up to a comfortable and colorful uniform. Without a hint of black or beige anywhere, Stacey's sunny wardrobe does double duty. "When I'm running around with my twenty-month-old, Isabel, wearing my pink Puma sneakers, I feel really confident even though I may have peanut butter and jelly all over me," she says.

in the pink

Stacey's tips for building a wardrobe that works for you:

- **Fashion in the fast lane** With a child to care for and a business to run, time is of the essence, so Stacey has reduced her wardrobe to easy pieces and streamlined silhouettes, while her fun accessories and color do the heavy style work.
- **Everything old is new again** Stacey's preppie favorites for summer include the famous alligator tee, Lilly Pulitzer prints, her floral capris (above), a striped grosgrain belt and, of course, her flowery pink clogs.
- **Money well spent on clothes** Invest in "forever classics" like a cashmere sweater or perfectly fitting pants. "They cost more, but you'll wear them till they wear out," she says.
- **Money ill spent on clothes** "Buying trendy items at full price. Remember, what's hot today is often not tomorrow, so buy only one or two trendy accessories; that's enough to update your look without breaking the bank."





Shades of lavender and pink are the hallmarks of Stacey's summer style, which includes heirlooms such as her grandmother's pocket watch, and her latest find, a sparkly heart-shaped belt clasp




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can this marriage be saved?

Sophie wanted a baby, but Jon was reluctant to sacrifice his lifestyle for a family. Could this couple ever find common ground?

"He won't grow up"

By Margery D. Rosen



Sophie's Turn:

"My husband is an overgrown frat boy," said Sophie, 34, a stunning brunet. "Jon would rather hang out with his friends than take responsibility for anything. I'm eager to have a baby and be an at-home mother, but Jon doesn't care how important these things are to me, and he refuses to compromise even a little bit for my sake. If I object, he just says, 'Why are you getting so worked up? You shouldn't feel that way.'

"When I was working as a salesperson for a clothing-design firm, I had the confidence to make presentations and talk to CEOs of major companies. But I don't have that kind of self-assurance with Jon. He can talk circles around me. Question him, and he gets angry and defensive. I hate having anyone mad at me; it reminds me too much of the hostility I grew up around.

"My father, who worked two jobs, was hardly ever home, and my mother was too busy with housework and her own interests to care for us. Weekend mornings were awful; my parents would always have a huge fight at the breakfast table. My four older siblings were the ones who protected and nurtured me.

"After graduating from high school, I took a job as a receptionist in a Manhattan clothing-design firm and worked my way up from there. It was there that I started to gain self-confidence, and it wasn't long before I became one of the leading salespeople.

"When I was 19, I spent a weekend at my friend's beach house in East Hampton, New York. Jon was renting the house next door. There was instant electricity between us, and we talked and danced all night. He was eight years older than me, charming, sophisticated and very affectionate. I was so smitten with him that I broke up with my boyfriend right after I got home.

"Though Jon and I wanted to get married right away, my family made me wait until I was 23. For the first few years, we had a fairy-tale marriage. Jon made me feel special. Then, over the years, little things he did started to annoy me, but I told myself I was overreacting. For instance, when Jon and I bought our beach house a few years ago, I co-signed for the loan, but my name isn't on the deed. I didn't make a big deal out of it then, but now I'm upset that the property isn't really mine.

"In the fashion business, I've earned a lot more than Jon does as a manager for a utility company, but he never acknowledges my financial contributions. He's quick enough to spend the money in our joint account on frivolous toys, though; he has bought two boats, two old sports cars that he's fixing up and every electronic gadget ever invented—without bothering to ask me first.

"I feel like an afterthought with Jon. For my last birthday, he didn't even take me out to dinner to celebrate; he just picked up a gift certificate to a spa on his way home from work and handed it to me when he walked in the door. He goes bowling on Monday nights, and afterward he stays out with his buddies till all hours without calling to say he'll be late. Yet if I dare ask when he'll be home, I'm the nagging wife keeping him on a short leash.

"Last year, I became increasingly miserable at work. I was tired of the long commute and the backbiting in the office. So I quit and got a job as a secretary for an attorney here in town. It pays less, but it's not as stressful. Jon flipped out when I told him *(continued on page 42)*

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Virginia Slims Spa Getaway Sweepstakes
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Sweepstakes is only open to women who are legal residents of the U.S. and are smokers, 21 years of age or older.

1. HOW TO ENTER: Official Entry Forms will be available while supplies last, in participating retail outlets, direct mailings, inserts in various newspapers and magazines. On the Official Entry Form, in the spaces provided, indicate your complete name and address, including ZIP code (unless your name and address is pre-printed correctly on your entry form) and mail it to the address provided. Important! In order to be eligible for a prize, you must indicate your date of birth and sign your name in the spaces provided on the entry form certifying that you are a woman, who is a smoker, 21 years of age or older as of date of entry.

2. WHERE TO SEND YOUR COMPLETED ENTRY FORM: Mail your completed entry form in a hand-addressed 4-1/8" x 9-1/2" #10 (business-size) envelope, with a first-class postage stamp affixed, to: Virginia Slims Spa Getaway Sweepstakes, P.O. Box 7655, Melville, NY 11775-7655. Limit one entry per outer mailing envelope. Sweepstakes ends and entries must be received by July 15, 2001. All entries must be on official entry forms only. No photocopied or mechanically reproduced entry forms accepted. For each additional sweepstakes entry form you would like to receive, send a separate, self-addressed, stamped #10 (business-size) envelope to: Virginia Slims Spa Getaway Entry Requests, P.O. Box 7583, Melville, NY 11775-7583. Limit one request per outer mailing envelope. Residents of the state of VT only need not affix postage to return envelopes. Entry form requests must be received by June 30, 2001.

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4. PRIZES: One hundred fifteen (115) prizes will be awarded as follows: A 3-day, 2-night trip for two (2) to a spa at The Phoenician in Scottsdale, AZ. Trip includes round-trip coach air transportation from major commercial airport nearest winner's residence, luxury hotel accommodations (one room, based on double occupancy), 3 meals per day, spa services and $1,900 in spending money for winner. Spa services include the following: massage, facial, manicure, pedicure, haircut, make-up application, and fashion consultation with a $500 gift certificate. Approximate retail value of complete prize: $7,930/each. Any other expenses not expressly set forth above are not included. Winner and her guest will be required to show their valid government-issued photo identification, which contains their name, address, date of birth, and signature, to claim prize at spa. All applicable federal, state and local taxes are the sole responsibility of the winners. Prize is not transferable. If unable to use prize on date specified by PM USA, the prize will be forfeited. PM USA reserves the right to substitute an alternate spa location; no other substitution permitted. PM USA, its parent companies, subsidiaries, affiliates, Dan Jagoda Associates and agencies are not responsible or liable for any actions, injuries or events that occur during, or as a result of, winner's acceptance and use of the prize.

5. WINNERS LIST: For the names of prizewinners, available after July 31, 2001, send a self-addressed, stamped envelope to: Virginia Slims Spa Getaway Winners, P.O. Box 7776, Melville, NY 11775-7776. Requests must be received (not postmarked) no later than July 15, 2001. If you would like to be removed from the Virginia Slims mailing list, please call 1-800-558-8666.

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By entering this sweepstakes and signing below, I certify that I am a female smoker 21 years of age or older. I have read and understood the rules. I am also willing to receive cigarette coupons and incentive items in the mail, subject to applicable federal and state laws.

Signature X _____
(required)

Date of Birth _____/_____/_____ (required) Today's Date _____/_____/ 01

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... gorgeous with some serious ...ering.
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...uvenating facial



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No purchase necessary to enter.
Offer limited to female smokers 21 years of age or older.
Void in MI, MA, and at retail in VA.
See official rules for details.

(continued from page 36) about my decision, and we've been arguing over it ever since.

"The baby issue has really put me over the edge. After trying unsuccessfully to conceive for a couple of years, I insisted we see a specialist. It turns out that Jon has a varicocele—a twisted vein in one testicle—that may be inhibiting his sperm production. A minor procedure should fix it, but Jon refuses to schedule an appointment. I'm starting to think he doesn't really want children.

"If and when I become pregnant, I plan to quit work altogether. Call me old-fashioned, but I think a baby needs an at-home parent. But Jon keeps nagging me about going back to the clothing business and saying we'll never be able to live on one salary. If he's so worried about money, why doesn't he find a higher-paying job? Why do I have to be the main breadwinner?

"I love Jon, and I'm ready to move on to the next stage of our life together, but with him, there's always a reason to put things off: 'Wait until we get a house . . . until we have a little more saved. . . .' At this rate, I'll be waiting 50 years."



"I feel like an afterthought with Jon," said Sophie . . .

JON'S TURN: "I had no idea Sophie was this unhappy," said Jon, a handsome man who looked much younger than 42. "We've been bickering a lot, sure, but so what? Everybody fights.

"I will say that Sophie has been showing a new side of herself that I don't like. She used to be fun; now she's just argumentative. Every insignificant thing seems to bother her and make her cry. The minute I come home, Sophie bombards me with problems in this whiny little-girl voice; I don't get a chance to relax or eat a leisurely dinner.

"I don't know who this awful guy is that Sophie's describing, but it sure isn't me. I don't think that I'm selfish or controlling, as she claims, or that I dominate conversations. However, I *do* get frustrated when Sophie complains to me about the same things every day and then doesn't listen to what I have to say.

"I'm astounded that Sophie thinks I don't care. I tell her over and over how beautiful she is, what a great cook she is. I bought her a $300 day of beauty at a spa; why should it matter that I got it on her birthday instead of a week before, as long as I got her a nice gift? And why do I have to check in with her like a kid with a curfew? Sophie knows that Monday is my bowling night and that the guys and I always have a drink afterward.

"Yes, I was upset when Sophie quit her job, but that was because I felt she was throwing away everything she'd worked so hard for. It hurts to hear her imply that I took advantage of her. I've always thought it was *our* money and *our* beach house, regardless of who has the bigger salary or whose name is on the deed.

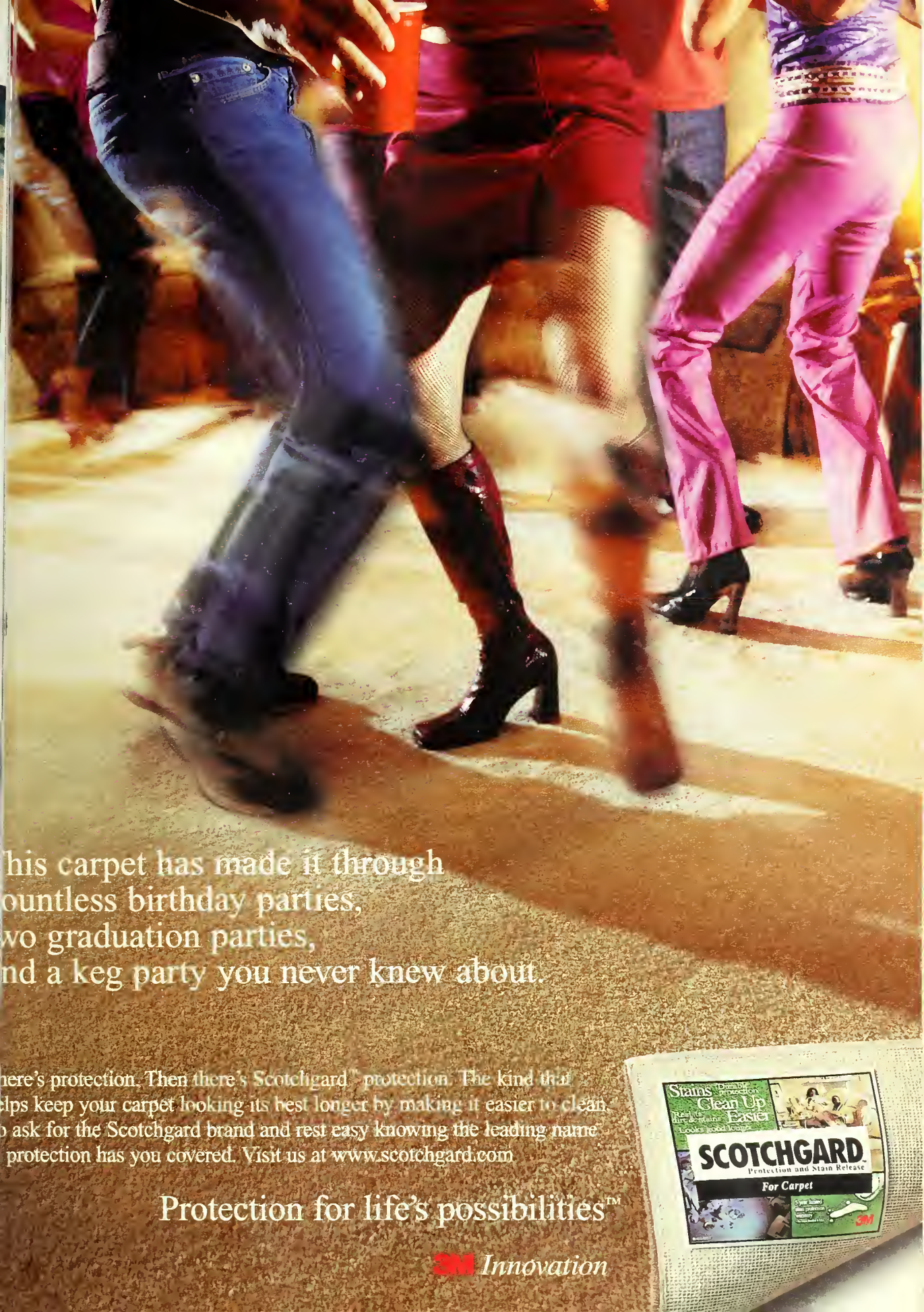
"Until recently, I had no idea how much this baby issue was weighing on my wife. I just wanted to wait until we were a little more financially stable. And, no, I'm not thrilled about having an operation. Considering where they'd be cutting, it doesn't sound like such a minor procedure to me. Besides, I'm not so sure I'm ready to be a father. With a child, our entire lives would change. And suppose I don't have what it takes to be a good dad?

"My own father was a strict man who struggled to make a living in the fuel-oil business. He always noticed my mistakes, never my successes. But my mom was great. She spoiled me rotten, and after my dad died of a heart attack, she went back to school and got her nursing degree. You never heard her whine like Sophie does.

"I know I should have done more with my life. I took the easy way out by working for my dad. But I didn't want to end up like him, dead at 45 of stress and overwork, so when a friend told me about the job at the utility company, I applied, and I've stayed there ever since. I always planned to look for something better, but as the years went by, I got comfortable. Besides, at my age, what kind of job could I possibly find?

"I really don't think our marriage is so bad, but I love Sophie, and I'll do whatever it takes to make her happy."

THE COUNSELOR'S TURN: "My first reaction after meeting this couple was: What's wrong with this picture?" said the counselor. "Sophie was clearly anxious, tearful and stressed to the breaking point. But Jon had refused to admit that their marriage *(continued)*


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(continued) was in trouble until she shocked him by quitting her job.

"Though Sophie had functioned successfully in the business world, at home she remained the damsel in distress to Jon's knight in shining armor. Insecure and emotionally needy, Sophie believed that pleasing others was the way to earn love. But when the pressures at work, her desire to be a mother and her husband's unwillingness to compromise proved to be too much for her, she realized she had to make some drastic changes in her life.

"I suspected that behind Jon's charming facade was a vulnerability and defensiveness that sprang from a lack of a sense of self-worth. Jon had spent his life searching for ways to feel special and loved. Collecting expensive possessions was a mask for his feelings of inferiority. So, too, was his habit of talking circles around Sophie, knowing he was more articulate.

"Though Jon loved Sophie very much, he had pretty much stopped focusing on his marriage, presuming it would operate on automatic pilot. Yes, he praised his wife's beauty and cooking, but he rarely offered the kind of personal encouragement that made her feel competent and respected. Helping Jon acknowledge this—and actually do something about it—was a key goal of therapy.

"Jon kept insisting that he did listen to Sophie's complaints. I said to him: 'A good listener hears the other person's point of view without interrupting, getting defensive, thinking about how he'll reply or giving unsolicited advice. Can you honestly say you do all that?' Jon practiced paying attention to what he did, said and thought around his wife, and was surprised to find that he did tend to dominate the conversation. In time, Jon learned to be more attentive and patient.

"But Sophie needed to be a better communicator, too. As Jon pointed out, she overwhelmed him with crises and criticisms every night when he came home. 'How often do you show appreciation when Jon does listen, or give him time to relax or finish what he's doing before you demand his attention?' I said. 'Wait a little while before confronting him. You'll feel less anxious and less likely to make harsh remarks.'

"And when it came to making her needs known, Sophie needed to do it in a firm, focused way. For instance, she could say, 'It's not okay for you to stay out late bowling without calling me in advance.'

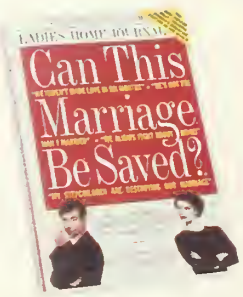
"In therapy, Jon talked about how scared he was of the financial and emotional demands of being a father. But simply talking about it helped him make a final decision. By the time they ended counseling, Jon had scheduled the surgery to correct the varicocele. Once he recovers, they'll try conceiving again.

"Now, Sophie is better at being specific about what she wants, and Jon has agreed to consult her before buying big-ticket items. Jon is spending more time at home. If he does go out after work, he calls to let Sophie know. He is also planning to audit some college courses in accounting to see if he wants to enroll in a four-year program at night. His goal is to find a more lucrative job so that when they do have a child, they can afford to get by on his income alone.

"During our final session, I assured them that it takes a long time to change entrenched behaviors, but that they had a lot going for them: a real enjoyment of each other, the ability to laugh at themselves, a strong sexual attraction. As long as they hold tight to those assets, they'll find the strength to tackle any problem life throws their way." ■

"Talking about fatherhood helped Jon make a decision," said the counselor...

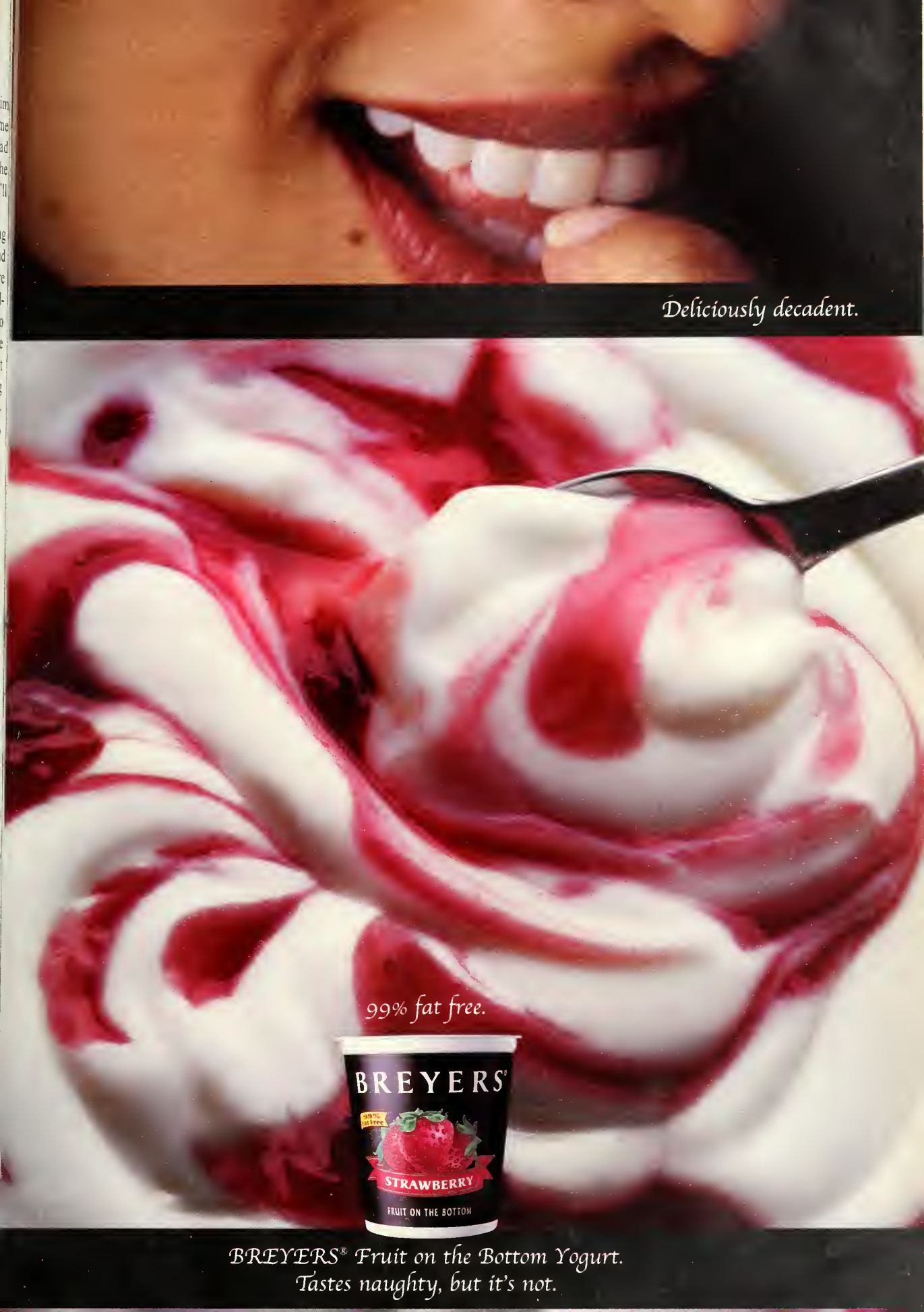
"Can This Marriage Be Saved?" is the most enduring women's magazine feature in the world. This month's case is based on interviews and information from the files of Susan Healy Demosthenaus, C.S.W., a therapist in Merrick, New York. The story told here is true, although names and other details have been changed to conceal identities. "Can This Marriage Be Saved?" is a registered trademark of Meredith Corporation.



LHJ BOOK BAG

"Can This Marriage Be Saved?" has been compiled in a book containing stories of real-life couples in distress and their efforts to overcome their problems. The 352-page softcover book is offered by special arrangement with Workman Publishing.

To order, send a check or money order for $15.95 per book to *Ladies' Home Journal*® Resources, Dept. L0301, P.O. Box 9381, Des Moines, IA 50306-9381. To use your Visa, MasterCard or Discover Card, call 800-763-6393. Price includes shipping, handling and applicable sales tax.


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DO YOU HAVE ENOUGH friends?


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Betty and Wilma


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Thelma and Louise


Edina and Patsy


Maryann and Cybill


Tess and Monica

You gotta have friends—and we'd like to know more about yours. Who are they? What bonds you, and what tears you apart? Do you keep in touch as often as you'd like? Take our survey and tell us all about it. We'll use the results for a report on women's friendships in a future issue.

Please complete this survey and mail it by July 2, 2001, to: LHJ Friendship Survey, P.O. Box 879, Cedar Rapids, IA 52406-0879.

HAVING AND KEEPING FRIENDS

1. Do you have enough friends in your life now?

1 ☐ Yes
2 ☐ No, but I don't need more
3 ☐ No, and I wish I had more

2. How many close friends do you have right now?

1 ☐ None
2 ☐ 1 to 3
3 ☐ 4 to 8
4 ☐ 9 or more

3. Do you have as many close friends now as you did 10 years ago?

1 ☐ Yes, pretty much the same (skip to #6)
2 ☐ No, more (skip to #6)
3 ☐ No, fewer

4. If you have fewer close friends now, why?

1 ☐ I don't have enough time to devote to my friendships
2 ☐ I don't have enough in common with the women I know
3 ☐ I don't need close friends now as much as I used to
4 ☐ For some reason, I have trouble making friends

5. For how long have you known your closest friend?

1 ☐ Since grade school
2 ☐ Since high school
3 ☐ Since college
4 ☐ Less than 5 years
5 ☐ Less than 1 year

6. Have you made any new friends in the last year?

1 ☐ No
2 ☐ Yes, one or two
3 ☐ Yes, more than two

7. What's the single biggest problem you face when it comes to making new friends? Check one:

1 ☐ I have no opportunities to meet potential friends
2 ☐ I have no time
3 ☐ I'm too shy
4 ☐ I can't find people who share my interests
5 ☐ No one I meet seems to like me

STAYING CONNECTED

8. How do you stay in touch most often with friends? Check one:

1 ☐ E-mail
2 ☐ Phone calls
3 ☐ Writing letters
4 ☐ Visiting/doing things together

9. How often do you get together with friends?

1 ☐ Once or twice a week
2 ☐ Once or twice a month
3 ☐ Once or twice a year
4 ☐ Less than once a year

10. How often do you e-mail friends?

1 ☐ At least once a day
2 ☐ Several times a week
3 ☐ Several times a month
4 ☐ A few times a year
5 ☐ We don't e-mail at all

11. Has e-mail made it easier to stay connected to friends?

1 ☐ Yes, it's more convenient than phoning or visiting
2 ☐ Yes, I've reconnected with some old friends this way
3 ☐ No, not really

12. Do you keep in touch with friends as often as you'd like?

1 ☐ Yes
2 ☐ No

▶

13. Who's usually the first one to call, write or visit?

- Me
- My friends
- Both, equally often

14. Which of the following activities do you and your friends do most often? Check all that apply:

- Go shopping
- Sit and talk
- Eat
- Attend a movie or show
- Participate in a sport
- Pursue a nonsporting hobby
- Pray or worship together
- Volunteer
- Get together with our kids or families
- Other

15. Have you ever gone away on a vacation with a close friend for more than two days?

- Yes, and we had a great time
- Yes, but we didn't travel well together
- No, but I'd love to
- No, and I never would

16. Is there any subject you won't discuss with your closest friend? Check all that apply:

- My marriage
- My sex life
- My finances
- My job
- My children
- My health
- Politics
- Religion
- No, I tell her *everything*!

17. Is there any subject your closest friend won't discuss with you? Check all that apply:

- Her marriage
- Her sex life
- Her finances
- Her job
- Her children
- Her health
- Politics
- Religion
- No subject is off-limits

WHO ARE YOUR FRIENDS?

18. Do you have friends who fit these categories? Check all that apply:

- A friend from childhood
- A friend from high school or college
- A friend from work
- A friend from church or synagogue
- A friend from a social organization
- A neighborhood friend
- The wife of your husband's friend
- The mother of your child's friend

19. Do you have a close friend who is very different from you in some way? Check all that apply:

- She's single
- She's married
- She's much older
- She's much younger
- She's much wealthier
- She's much less well-off
- She's of a different race
- She's of a different religion
- She has a different lifestyle
- No

20. Do you have any family members, besides your husband, whom you consider a close friend? Check all that apply:

- My mother
- My father
- My sister(s)
- My brother(s)
- My mother-in-law
- My sister(s)-in-law
- Another relative
- No

21. If you have one or more sisters, do you keep in touch often?

- Yes, we visit or call all the time
- We try, but we could do better
- No, we just can't seem to connect
- We're not on speaking terms

22. To whom are you closer—your sister(s) or your other friends?

- I'm closer to my sister(s)
- I'm equally close to my sister(s) and friends
- I'm closer to my friends
- I have no sisters

23. Women often have different types of friends. For each of these descriptions, indicate whether you have at least one friend who fits the category. Check all that apply:

- The shoulder I can cry on
- The one who always makes me laugh
- The one who encourages me
- The one who shares my childhood memories
- The one I can talk to about anything
- The one I can always count on if I need a favor
- None of my friends fit these categories

24. What one quality in a friend do you value most?

- Empathy/kindness
- A good sense of humor
- Helpfulness/giving advice
- A shared history
- Trustworthiness
- Generosity
- Intelligence

25. If you have friends you met through your kids, do you think you'd like each other even if your children didn't socialize?

- Yes, we get along very well
- No, our kids are what bonds us

26. If you have friends at your place of business, do you think you'd still stay close if you no longer worked together?

- Yes, our relationship extends beyond the workplace
- No, work is the only thing we have in common

27. Who are your favorite TV/movie friends of all time? Check one:

- Lucy and Ethel
- Mary and Rhoda
- Laverne and Shirley
- Thelma and Louise
- Rachel, Monica and Phoebe
- Will and Grace
- Other



Lucy and Ethel

YOU CAN COUNT ON ME

28. Do you feel you can rely on your friends to be there for you?

- Yes, absolutely
- Yes, at least some of the time
- No, unfortunately

29. In which circumstances do you think you could rely on at least one friend for help or support? Check all that apply:

- If I needed a last-minute baby-sitter
- If I needed money
- If I were seriously ill

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-4 ☐ If o family member died
-5 ☐ If I were having marital problems
-6 ☐ If I were getting a divorce
-7 ☐ If I were having problems with my children
-8 ☐ I wouldn't turn ta my friends in these situatians

30. Have you ever hod to help o friend through o serious crisis? Check oll that opply:

-1 ☐ An affair
-2 ☐ A divorce
-3 ☐ An alcahal ar drug problem
-4 ☐ An abusive relationship
-5 ☐ A serious illness or disobility
-6 ☐ The death af her husband or child
-7 ☐ Another problem
-8 ☐ No

31. How far would you go to help your dearest friend? Check all that opply:

-1 ☐ I waold lie far her
-2 ☐ I would drop everything ta help her in o crisis
-3 ☐ I waold give her $100 ar more without expecting repoyment
-4 ☐ I waold let her mave in with me far a week ar more
-5 ☐ I would give her my eggs if she were infertile
-6 ☐ I would donate an argan or bone morrow ta her if she were ill
-7 ☐ I would raise her children if she died
-8 ☐ Sarry, but I wouldn't do any af these things

THE GUYS

32. Do you consider your husband your best friend?

-1 ☐ Yes
-2 ☐ Na (skip to #34)

33. If yes, why? Check oll that apply:

-1 ☐ I can tolk ta him obout anything
-2 ☐ He never gets tired af heoring abaut the kids
-3 ☐ He's always there far me
-4 ☐ He appreciates me mare than my female friends da
-5 ☐ We hove a lat of fun tagether
-6 ☐ He gives great advice

34. Is there onything your closest friend knows about you that your husband doesn't?

-1 ☐ Yes, there ore some intimate matters I prefer ta shore anly with her
-2 ☐ Na, I keep na secrets from my husband

35. Do you believe thot men ond women can be close friends?

1 ☐ Yes
-2 ☐ No, there's always an underlying sexuol tension

36. Are ony of your close friends men?

1 ☐ Na, nane (skip ta #38)
-2 ☐ Yes, ane
-3 ☐ Yes, mare than ane

37. If yes, where did you meet them? Check oll thot opply:

-1 ☐ At wark
-2 ☐ In high schaal ar callege
-3 ☐ At my kids' schaal
-4 ☐ Through my husband
-5 ☐ Thraugh anather friend
-6 ☐ At church or synagague
-7 ☐ Thraugh o social orgonizotion
-8 ☐ Somewhere else

SAYING GOOD-BYE

38. Have you ever "broken up" with o good friend?

-1 ☐ Yes
-2 ☐ Na (skip ta #40)

39. If yes, why? Check one:

-1 ☐ We just outgrew eoch other
-2 ☐ One af us hurt the other's feelings
-3 ☐ We disogreed about a sensitive issue
-4 ☐ One of us did something the ather considered unforgivoble
-5 ☐ She wosn't there far me when I needed her
-6 ☐ I've fargatten why

40. Hove you ever lost o friend shortly ofter ony of these events? Check all thot opply:

1 ☐ After yau ar she graduoted fram schaal
-2 ☐ After you ar she gat married
-3 ☐ After yau ar she became a mother
-4 ☐ After you or she moved out of town
-5 ☐ After you or she got a new jab
-6 ☐ After yau ar she went through a personol crisis (e.g., divorce or illness)
-7 ☐ I've never lost o friend ot ony af these times

41. Hove you ever been jealous of o close friend? Check oll thot apply:

-1 ☐ When she got a great jab
-2 ☐ When she got married
-3 ☐ When she hod o baby
-4 ☐ When she last weight
-5 ☐ For anather reason
-6 ☐ No, never

42. Hove you ever tried to make up with on estronged friend?

1 ☐ Yes, and we're pals again
-2 ☐ Yes, but it didn't work out
-3 ☐ Na, I dan't want her in my life



Mary and Rhado

ABOUT YOU

43. Your oge _____

44. Moritol stotus

-1 ☐ Single
-2 ☐ Married
-3 ☐ Remarried
-4 ☐ Separated/divarced
-5 ☐ Widowed

45. Which of the following oge groups best describe the ages of your children? Please check all that opply:

-1 ☐ Under 2
-2 ☐ Age 2 ta 5
-3 ☐ Age 6 to 11
-4 ☐ Age 12 ta 17
-5 ☐ Age 18 ar alder
-6 ☐ Na children

46. Whot type of orea do you live in?

-1 ☐ City
-2 ☐ Suburb
-3 ☐ Rural oreo

47. Whot is your highest level of educotion?

-1 ☐ Same high schaal
-2 ☐ High schaal graduate
-3 ☐ Same college, business schaal ar past-high schaal education
-4 ☐ Degree from a faur-year college
-5 ☐ Pastgraduate

48. Whot is your onnuol household income?

-1 ☐ Under $25,000
-2 ☐ $25,000 ta $34,999
-3 ☐ $35,000 ta $49,999
-4 ☐ $50,000 ta $74,999
-5 ☐ $75,000 ta $99,999
-6 ☐ $100,000+

If you would be willing to be interviewed for a story on friendship, pleose include your name ond doytime phone number:

Name (please print)

_____

Daytime phone

_____



sexual passages

Experts are finally unlocking the mysteries of the female libido. What every woman should know about her sex drive—in all the stages of her life

By Lauren Picker

Not long ago, my friend Jean and I were talking, when the conversation turned to sex. She had just finished reading a book in which one of the characters was an adolescent girl in hormonal overdrive. "I used to feel that way, too, and, wow, have things changed," said Jean, a 37-year-old mother of two in Connecticut. "I thought women were supposed to reach their sexual peak in their mid-thirties. What happened?"

In an age that celebrates women who enjoy a very healthy libido (consider the popularity of the HBO series *Sex and the City*), the ups and downs of female desire still remain something of a mystery. But that's changing. With pharmaceutical companies in hot pursuit of a pill that could do for women's sexual fulfillment what Viagra has done for men's, experts are busy investigating what's responsible for female passion.

Researchers are finding that the sex experts Masters and Johnson were wrong when they claimed that female and male desire were alike. New studies suggest that women need to be aroused physically or psychologically to get in the mood for sex. Unlike men, who can get aroused by the sight of a buxom babe in a beer commercial, women rely on different—and subtler—cues. A woman may be responsive to intimate conversation—or a caring gesture by her husband.

Of course, you can't have a healthy sexual appetite without the hormones estrogen and testosterone. Genetics may also play a role. "The characteristics of sex drive appear to be innate early on," says Steven Petak, M.D., J.D., an endocrinologist in Houston. "But psychological factors are probably more important [than genetics]."

That helps explain why women's libidos *(continued)*

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Nasal allergies can be so frustrating, you want to plow down your whole yard.

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Please see important information on the following page.

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BRIEF SUMMARY

SHAKE GENTLY BEFORE USE.

For Intranasal Use Only

Before using FLONASE Nasal Spray, please read the full prescribing information for complete information.

INDICATIONS AND USAGE

FLONASE Nasal Spray is indicated for the management of patients with a

WARNINGS

Patients with a topical corticosteroid efficacy and in addition some patients may experience significant and/or muscular pain, prolonged periods with corticosteroids should be carefully response to stress. In those conditions requiring long-term systemic use of systemic corticosteroids with other inhaled corticosteroids or in patients symptoms of hypercorticism and/or

Patients who are using suppressant drugs are more susceptible to infections than healthy chickenpox and measles, for example, can have a more severe course in patients on immunosuppressant doses of patients who have not had these diseases, particular care to avoid exposure. How the dose, route, and duration of corticosteroid administration affects the risk of developing a disseminated infection is not known. The contribution of the underlying disease and/or prior corticosteroid treatment to the risk is also not known. If exposed to chickenpox, prophylaxis with varicella-zoster immune globulin (VZIG) may be indicated. If exposed to measles, prophylaxis with pooled intramuscular immunoglobulin (IG) may be indicated. (See the respective package inserts for complete VZIG and IG prescribing information.) If chickenpox develops, treatment with antiviral agents may be considered.

PRECAUTIONS:

General: Rarely, immediate hypersensitivity reactions or contact dermatitis may occur after the administration of FLONASE Nasal Spray. Rare instances of wheezing, nasal septum perforation, cataracts, glaucoma, and increased intraocular pressure have been reported following the intranasal application of corticosteroids, including fluticasone propionate.

Use of excessive doses of corticosteroids may lead to signs or symptoms of hypercorticism, suppression of HPA function, and/or reduction of growth velocity in children or teenagers. Physicians should closely follow the growth of children and adolescents taking corticosteroids, by any route, and weigh the benefits of corticosteroid therapy against the possibility of growth suppression if growth appears slowed.

Although systemic effects have been minimal with recommended doses of FLONASE Nasal Spray, potential risk increases with larger doses. Therefore, larger than recommended doses of FLONASE Nasal Spray should be avoided.

When used at higher than recommended doses, or in rare individuals at recommended doses, systemic corticosteroid effects such as hypercorticism and adrenal suppression may appear. If such changes occur, the dosage of FLONASE Nasal Spray should be discontinued slowly consistent with accepted procedures for discontinuing systemic therapy.

In clinical trials with fluticasone propionate administered intranasally, the development of localized infections of the nose and pharynx with *Candida albicans* has occurred only rarely. When such an infection develops, it may require treatment with appropriate local therapy and discontinuation of treatment with FLONASE Nasal Spray. Patients using FLONASE Nasal Spray over several months or longer should be examined periodically for evidence of *Candida* infection or other signs of adverse effects on the nasal mucosa.

FLONASE Nasal Spray should be used with caution, if at all, in patients with active or quiescent tuberculous infection, untreated local or systemic fungal or bacterial or systemic viral infections or parasitic infection; or ocular herpes simplex.

Because of the inhibitory effect of corticosteroids on wound healing, patients who have experienced recent nasal septal ulcers, nasal surgery, or nasal trauma should not use a nasal corticosteroid until healing has occurred.

Information for Patients: Patients being treated with FLONASE Nasal Spray should receive the following information and instructions. This information is intended to aid them in the safe and effective use of this medication. It is not a disclosure of all possible adverse or intended effects.

Patients should be warned to avoid exposure to chickenpox or measles and, if exposed, to consult their physician without delay.

Patients should use FLONASE Nasal Spray at regular intervals as directed since its effectiveness depends on its regular use. A decrease in nasal symptoms may occur as soon as 12 hours after starting therapy with FLONASE Nasal Spray. Results in several clinical trials indicate statistically significant improvement within the first day or two of treatment; however, the full benefit of FLONASE Nasal Spray may not be achieved until treatment has been administered for several days. The patient should not increase the prescribed dosage but should contact the physician if symptoms do not improve or if the condition worsens. For the proper use of the nasal spray and to attain maximum improvement, the patient should read and follow carefully the accompanying patient's instructions.

Drug Interactions: In a placebo-controlled, crossover study in eight healthy volunteers, coadministration of a single dose of orally inhaled fluticasone propionate (1000 mcg, 5 times the maximum daily intranasal dose) with multiple doses of ketoconazole (200 mg) to steady state resulted in increased mean fluticasone propionate concentrations, a reduction in plasma cortisol AUC, and no effect on urinary excretion of cortisol. This interaction may be due to an inhibition of the cytochrome P450 3A4 isoenzyme system by ketoconazole, which is also the route of metabolism of fluticasone propionate. No drug interaction studies have been conducted with FLONASE Nasal Spray; however, care should be exercised when fluticasone propionate is coadministered with long-term ketoconazole and other known cytochrome P450 3A4 inhibitors.

Carcinogenesis, Mutagenesis, Impairment of Fertility: Fluticasone propionate demonstrated no tumorigenic potential in mice at oral doses up to 1000 mcg/kg (approximately 20 times the maximum recommended daily intranasal dose in adults and approximately 10 times the maximum recommended daily intranasal dose in children on a mcg/m² basis) for 78 weeks or in rats at inhalation doses up to 97 mcg/kg (approximately 2 times the maximum recommended daily intranasal dose in adults and approximately equivalent to the maximum recommended daily intranasal dose in children on a mcg/m² basis) for 104 weeks.

Fluticasone propionate did not induce gene mutation in prokaryotic or eukaryotic cells in vitro. No significant clastogenic effect was seen in cultured human peripheral lymphocytes in vitro or in the mouse micronucleus test when administered at high doses by the oral or subcutaneous routes. Furthermore, the compound did not delay erythroblast division in bone marrow.

No evidence of impairment of fertility was observed in reproductive studies conducted in male and female rats at subcutaneous doses up to 50 mcg/kg (approximately 2 times the maximum recommended daily intranasal dose in adults on a mcg/m² basis). Prostate weight was significantly reduced at a subcutaneous dose of 50 mcg/kg.

Pregnancy: ***Teratogenic Effects:*** Pregnancy Category C. Subcutaneous studies in the mouse and rat at 45 and 100 mcg/kg, respectively (approximately equivalent to and 4 times the maximum recommended daily intranasal dose in adults on a mcg/m² basis, respectively) revealed fetal toxicity characteristic of potent corticosteroid compounds, including embryonic growth retardation, omphalocele, cleft palate, and retarded cranial ossification.

In the rabbit, fetal weight reduction and cleft palate were observed at a subcutaneous dose of 4 mcg/kg (less than the maximum recommended daily intranasal dose in adults on a mcg/m² basis).

However, no teratogenic effects were reported at oral doses up to 300 mcg/kg (approximately 25 times the maximum recommended daily intranasal dose in adults on a mcg/m² basis) of fluticasone propionate to the rabbit. No fluticasone propionate was detected in the plasma in this study, consistent with the established low

bioavailability following oral administration (see CLINICAL PHARMACOLOGY section of full prescribing information).

Fluticasone propionate crossed the placenta following oral administration of 100 mcg/kg to rats or 300 mcg/kg to rabbits (approximately 4 and 25 times, respectively, the maximum recommended daily intranasal dose in adults on a mcg/m² basis).

There are no adequate and well-controlled studies in pregnant women. Fluticasone propionate should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus.

Experience with oral corticosteroids since their introduction in pharmacologic, as opposed to physiologic, doses suggests that rodents are more prone to teratogenic effects from corticosteroids than humans. In addition, because there is a natural increase in corticosteroid production during pregnancy, most women will require a lower exogenous corticosteroid dose and many will not need corticosteroid treatment during pregnancy.

Nursing Mothers: It is not known whether fluticasone propionate is excreted in human breast milk. When initiated, fluticasone propionate was administered to rats at a subcutaneous dose of 10 mcg/kg (less than the maximum recommended daily intranasal dose in adults on a mcg/m² basis), radioactivity was excreted in the milk. Because other corticosteroids are excreted in human milk, caution should be exercised when FLONASE Nasal Spray is administered to a nursing woman.

Pediatric Use: Five hundred (500) patients aged 4 to 11 years of age and 440 patients aged 12 to 17 years were studied in US clinical trials with fluticasone propionate nasal spray. The safety and effectiveness of FLONASE Nasal Spray in children below 4 years of age have not been established.

Oral and, to a less clear extent, inhaled and intranasal corticosteroids have been shown to have the potential to cause a reduction in growth velocity in children and adolescents with extended use. If a child or adolescent on any corticosteroid appears to have growth suppression, the possibility that they are particularly sensitive to this effect of corticosteroids should be considered (see PRECAUTIONS).

Geriatric Use: A limited number of patients above 60 years of age (n =275) have been treated with FLONASE Nasal Spray in US and non-US clinical trials. While the number of patients is too small to permit separate analysis of efficacy and safety, the adverse reactions reported in this population were similar to those reported by younger patients.

ADVERSE REACTIONS: In controlled US studies, more than 3300 patients with seasonal allergic, perennial allergic, or perennial nonallergic rhinitis received treatment with intranasal fluticasone propionate. In general, adverse reactions in clinical studies have been primarily associated with irritation of the nasal mucous membranes, and the adverse reactions were reported with approximately the same frequency by patients treated with the vehicle itself. The complaints did not usually interfere with treatment. Less than 2% of patients in clinical trials discontinued because of adverse events; this rate was similar for vehicle placebo and active comparators.

Systemic corticosteroid side effects were not reported during controlled clinical studies up to 6 months' duration with FLONASE Nasal Spray. If recommended doses are exceeded, however, or if individuals are particularly sensitive, or taking FLONASE Nasal Spray in conjunction with administration of other corticosteroids, symptoms of hypercorticism, e.g., Cushing's syndrome, could occur.

The following incidence of common adverse reactions (>3%, where incidence in fluticasone propionate-treated subjects exceeded placebo) is based upon seven controlled clinical trials in which 536 patients (57 girls and 108 boys aged 4 to 11 years, 137 female and 234 male adolescents and adults) were treated with FLONASE Nasal Spray 200 mcg once daily over 2 to 4 weeks and two controlled clinical trials in which 246 patients (119 female and 127 male adolescents and adults) were treated with FLONASE Nasal Spray 200 mcg once daily over 6 months. Also included in the table are adverse events from two studies in which 167 children (45 girls and 122 boys aged 4 to 11 years) were treated with FLONASE Nasal Spray 100 mcg once daily for 2 to 4 weeks.

Overall Adverse Experiences With >3% Incidence on Fluticasone Propionate in Controlled Clinical Trials With FLONASE Nasal Spray in Patients ≥4 Years With Seasonal or Perennial Allergic Rhinitis

	Vehicle Placebo (n=758) %	FLONASE 100 mcg Once Daily (n=167) %	FLONASE 200 mcg Once Daily (n=782) %
Headache	14.6	6.6	16.1
Pharyngitis	7.2	6.0	7.8
Epistaxis	5.4	6.0	6.9
Nasal burning/ nasal irritation	2.6	2.4	3.2
Nausea/vomiting	2.0	4.8	2.6
Asthma symptoms	2.9	7.2	3.3
Cough	2.8	3.6	3.8

Other adverse events that occurred in ≤3% but ≥1% of patients and that were more common with fluticasone propionate (with uncertain relationship to treatment) included: blood in nasal mucus, runny nose, abdominal pain, diarrhea, fever, flu-like symptoms, aches and pains, dizziness, bronchitis.

Observed During Clinical Practice: In addition to adverse events reported from clinical trials, the following events have been identified during postapproval use of fluticasone propionate in clinical practice. Because they are reported voluntarily from a population of unknown size, estimates of frequency cannot be made. These events have been chosen for inclusion due to either their seriousness, frequency of reporting, causal connection to fluticasone propionate, occurrence during clinical trials, or a combination of these factors.

General: Hypersensitivity reactions, including angioedema, skin rash, edema of the face and tongue, pruritus, urticaria, bronchospasm, wheezing, dyspnea, and anaphylaxis/anaphylactoid reactions, which in rare instances were severe.

Ear, Nose, and Throat: Alteration or loss of sense of taste and/or smell and, rarely, nasal septal perforation, nasal ulcer, sore throat, throat irritation and dryness, cough, hoarseness, and voice changes.

Eye: Dryness and irritation, conjunctivitis, blurred vision, glaucoma, increased intraocular pressure, and cataracts.

OVERDOSAGE: Chronic overdosage with FLONASE Nasal Spray may result in signs/symptoms of hypercorticism (see PRECAUTIONS). Intranasal administration of 2 mg (10 times the recommended dose) of fluticasone propionate twice daily for 7 days to healthy human volunteers was well tolerated. Single oral doses up to 16 mg have been studied in human volunteers with no acute toxic effects reported. Repeat oral doses up to 80 mg daily for 10 days in volunteers and repeat oral doses up to 10 mg daily for 14 days in patients were well tolerated. Adverse reactions were of mild or moderate severity, and incidences were similar in active and placebo treatment groups. Acute overdosage with this dosage form is unlikely since one bottle of FLONASE Nasal Spray contains approximately 8 mg of fluticasone propionate.

The oral and subcutaneous median lethal doses in mice and rats were >1000 mg/kg (>20000 and >41000 times, respectively, the maximum recommended daily intranasal dose in adults and >10000 and >20000 times, respectively, the maximum recommended daily intranasal dose in children on a mg/m² basis).

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Glaxo Wellcome Inc
Research Triangle Park, NC 27709

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vary. This diversity is evident n among women, but within indiv Like my friend Jean, you may strong sex drive during one st your life only to have your i flag during another. Here, expe plain the hormonal, psychologi social factors that affect a woma bido from her 20s through her 5

20s

Sex and the Single Girl

By the time women enter thei the majority have regular men periods—and a sex drive that and flows with their cycle. "A ovulation"—not coincidentall time of peak fertility—"women more interest in sex and are able to have an orgasm than w who are just about to get their od," says Anita H. Clayton, M.D sociate professor and vice chair department of psychiatric medic the University of Virginia Health tem, in Charlottesville.

● ***Finding their way*** Contrary to lar belief, the 20s are not neces a time of sexual voraciousness. young women are grappling identity and body-image proble the same time that they're tryi establish themselves professio and find a mate. According to th tional Health and Social Life S (NHSLS), conducted at the Univ ty of Chicago, unmarried wome nearly twice as likely as ma women to have anxiety about sexual performance and have dif ty climaxing. "A woman's sexua terest is greatest when she's stable relationship," says Sh Kingsberg, Ph.D., assistant prof of reproductive biology and psy try at Case Western Reserve Un sity, in Cleveland.

● ***Use it or lose it*** If a woman i 20s doesn't have frequent sex desire may wane, according to ton. Studies have shown that wo who engage in sexual activity than once a week are more like

e irregular menstrual cycles and ovulation problems those who do so weekly.

he fear of disease Two thirds of sexually transmitted dis- s (STDs) occur in people 25 and younger, and women more likely to be infected than men, according to the ional Institute of Allergy and Infectious Diseases. se who have contracted an STD may experience shame be less interested in sex. And women who want to pro- themselves must negotiate condom use with their part- which may dampen desire.

irth control and the blues The most popular form of con- eption for twentysomething women is the birth control . But because it suppresses testosterone production, ie women find that the Pill actually undercuts desire. ers, however, find the Pill's convenience—and its ssuringly high success rate—helps promote passion. other factor influencing sex drive: Up to 20 percent of men in their 20s struggle with clinical depression, a dition that diminishes desire. While antidepressants y boost a woman's mood, some may lower her libido.

30s

arried with Children

the time women have hit their 30s, most have acquired ne level of self-understanding. They're also likely to e established a stable relationship. Having a husband be an aphrodisiac for women; the libido flourishes in security of a committed relationship. But the stresses of ld rearing and a career can diminish desire.

Practice makes perfect Women get better at achieving or- sm in their 30s, which may stimulate desire—hence the pular notion that women reach their sexual peak in their s. "During the first few years of marriage, before chil- en, women have, on average, the fewest sexual com- ints of their lives," says Louann Brizendine, M.D., -director of the program in sexual health at the Universi- of California, San Francisco. That testosterone levels be- to decline at around 35 is not necessarily meaningful.

The power of pregnancy For many women, the 30s are the productive years. During the second trimester of preg- ncy, when you are no longer struggling with nausea but e not yet so big that sex feels like an elaborate game of vister, many women find they have a surge in desire. is can be attributed, in part, to a sense of connection to ur partner, but hormones also play a role. During preg- ncy, there is a thousandfold increase in progesterone and hundredfold increase in estrogen, which causes the vagi- l lips to engorge and become more lubricated. The pres- re of the growing baby on the genitals may also be a rn-on. In their book, *For Women Only: A Revolutionary uide to Overcoming Sexual Dysfunction and Reclaiming our Sex Life* (Henry Holt, 2001), sex therapist Laura erman and her sister, Jennifer Berman, M.D., a urologist, y that during the second trimester, "Some women feel ey are constantly in a state of mild sexual *(continued)*

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arousal." Being pregnant with a boy can further heighten desire: during the second trimester, the male fetus starts producing testosterone, which may boost Mom's libido.

● ***Post-baby burnout*** Many women find that after the baby comes, sex has all the appeal of a root canal. This falloff in desire can be attributed, in part, to exhaustion, but hormones are also implicated. Testosterone levels drop by about half after childbirth, though they quickly return to normal. "It's common for couples to have only one or two sexual encounters up to four months after the baby is born," says Brizendine. For Margo, a 33-year-old mother of one, those few encounters were memorable if only because of the pain, a problem that affects 70 percent of women in the first six months postpartum. "We kept trying, but it took a few months—and a bottle of Astroglide," she recalls.

Nursing mothers may be particularly uninterested in sex. Breastfeeding causes the release of the hormone prolactin, which can suppress ovulation and estrogen production, as well as testosterone. "Nursing mothers are experiencing the equivalent of menopause," says Mary Lake Polan, M.D., Ph.D., professor and chair of the department of gynecology and obstetrics at Stanford University School of Medicine, in Palo Alto, California.

The majority of men have at least one sexual fantasy every day, while only 25 percent of women do

But you don't have to be nursing to find your interest in sex waning. The Berman sisters observe that about 60 percent of the women in their practice have low levels of testosterone—a key to desire—after the birth of their second or third child. While the reason is unclear, Jennifer Berman believes this may be due to decreased production of testosterone by the ovaries or an acquired enzyme deficiency that hinders testosterone production.

● ***Stressed to the max*** Even if your hormone levels are normal, the advent of parenthood can throw a bucket of ice water on desire. Between the demands of work, young children and housekeeping, women in their 30s are under tremendous pressure. Often, they're angry at their husbands, who don't seem to take on an equal share of the new demands. "Women hit their stress peak in their thirties," says Peter Kanaris, Ph.D., a psychologist and sex therapist in Smithtown, New York. "And stress is a killer of desire." *(continued on page 182)*



THE KEYS TO HIS DESIRE

Men and women may be made for each other, but the design sure could use a little tweaking. On average, men have five to 10 times the level of testosterone and three times the sexual interest that women have. And unlike women, for whom sex drive is highly individual, there is little variation among men. Among happily married couples under age 40, about 31 percent of women report a lack of sexual desire, while only 16 percent of men have (or admit to) that complaint. Research shows that the majority of men have one or more sexual fantasies every day, compared to only 25 percent of women.

Psychological factors play a role in male desire, but hormones are the key. That is, until men reach middle age. As testosterone levels gradually decline, usually beginning in the 40s, many men become more dependent on physical stimulation for arousal than, say, the sight of an attractive woman.

Still, the testosterone well runs deep. Although a 45-year-old man typically has a lower testosterone level than a 25-year-old, many men have normal testosterone levels throughout their lives. They will, however, probably initiate sex less frequently in midlife. About 5 percent of men in their 40s start to experience arousal problems; a decade later, that number doubles to 10 percent.

As with women, stress also figures in any discussion of the male libido. Says Sheryl Kingsberg, Ph.D., assistant professor of reproductive biology and psychiatry at Case Western Reserve University, in Cleveland, "One of life's little ironies is that women need to be relaxed to want to have sex, while for men, sex is a stress-reliever."

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Get over it!

Surprising findings on why you should put the past behind you



Moving on means less stress and fewer visits to the doctor

Rebounding after a setback also boosts self-confidence

It's hard to imagine the depth of Katie Couric's grief when her husband died of colon cancer in 1998. But one month later, TV's favorite morning-show host was back on *Today*, ready to launch a colon-cancer awareness campaign. Last year, she wrote a best-selling children's book, and now she's dating.

According to new research, Couric had the right idea when she decided not to let her loss rule her life. A study at the University of Arkansas, in Fayetteville, found that those who managed to put a traumatic life event—including rape and death of a loved one—behind them had higher self-esteem and made fewer doctor visits than those who didn't find closure. "Talking can help people work through their problems, but when taken too far, it can interfere with the healing process," says Denise Beike, lead author of the study and an assistant professor of psychology at the University of Arkansas. These simple moves can help you see the light at the end of the tunnel:

Choose your words carefully. To get over a major life crisis, or even a minor setback, think about the event as if it happened a long time ago. Avoid saying how angry, sad or frustrated you felt, which can cause those emotions to resurface, and try to tell the tale with a beginning, middle and end. "Make sure there is a clear punch line, something that shows the story—and the event—are now a part of the past," says Beike.

Focus on what you know. We will never understand why tragedies happen. To help come to terms with a crisis, such as a loved one's serious illness, don't try to force it to make sense. Instead, concentrate on what you are sure of, such as the many happy times you've spent with the person.

Remind yourself that overcoming the event will make you stronger. Rebounding after a setback gives your self-confidence a boost, says Beike. "It also helps you remember that you'll be able to survive tough times again." —*Melinda Leader*



START A GRATITUDE JOURNAL

Writing in a journal can help you find perspective on a traumatic life experience. But try not to pen your deepest, darkest emotions—doing so will only encourage you to dwell on the past, says psychology professor Denise Beike. Instead, write about things that you have overcome in the past that you are grateful for as gentle reminders of why you should move on.



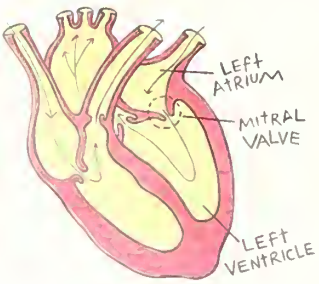
Invest $100 in yourself

Want to lose weight or hone skills that will get you ahead at work? Advice from an expert may help you reach your goal. Before you shell out any cash, here's what you need to know:

	Personal trainer	Professional organizer	Dietitian
Fee	$35 to $100 per hour	$35 to $65 per hour	About $50 per half hour
Is it worth it?	In a recent study, men coached by a trainer had better results than those who exercised alone. But one-on-one workouts can add up. Instead, find a trainer to create a plan you can stick with solo.	If you're looking to better manage your time, a professional organizer may be the answer. Organizers can help with scheduling, record-keeping, even personal errands.	Studies show dietitians can help with dietary challenges related to an illness like diabetes or high cholesterol. But if you are looking to lose weight, be wary of big promises.
What to look for	A certified trainer who also carries liability insurance	A member of the National Association of Professional Organizers (NAPO)	A registered dietitian—not just a "nutritionist"—who is credentialed by the American Dietetic Association (ADA)
Where to find one	The American Council of Exercise at *www.acefitness.org*	Call the NAPO at 512-206-0151, or visit *www.napo.net*	Contact the ADA at 800-366-1655 or *www.eatright.org*

Q. I was recently diagnosed with a heart murmur. What is it, and should I be worried?

A. New research reveals that in most cases, a heart murmur is not the serious health threat it was once considered to be, says Robert Levine, M.D., a research cardiologist at Massachusetts General Hospital, in Boston. However, you may need more tests to be sure. Until recently, doctors believed many murmurs resulted from the incomplete closing of the mitral valve, which allows blood to leak back into the atrium (see diagram). In rare cases, the condition, also called mitral valve prolapse (MVP), could lead to heart failure by forcing the heart to work harder. As many as 30 percent of young women were thought to have MVP. But in 1999, the Framingham Heart Study found that MVP affected only 2 to 3 percent of people, and women were no more likely than men to have the condition.



If you do have MVP, it doesn't necessarily mean that your health is at risk. A study published in the *New England Journal of Medicine* found that only half of MVP patients had leaking significant enough to pose a threat. "Even if your physician hears a clicking sound, there's a possibility that you don't have the condition," says Levine, co-author of both studies. "An ultrasound can resolve, once and for all, if there is cause for concern." —*Christina Sciammacco*

body briefs

Palm readings Doctors may soon be able to **check your cholesterol without so much as a needle prick**. Researchers at the Cleveland Clinic were



able to measure cholesterol levels by placing two drops of a chemical in the palm of a patient's hand and analyzing the resulting color change. An at-home version of the test is being developed.

Pregnancy tips the scales When you're expecting, it's important to work with your obstetrician to stay within a healthy weight range. According to a recent study, **mothers who piled on more pounds than recommended were four times more likely to be obese** (have a body mass index higher than 29) one year after their baby's birth than mothers who kept their weight in check.



Read up for good health Here's a great book to add to your library: *Healthy Women, Healthy Lives* (Simon & Schuster, 2001). Based on findings from the famous Harvard Nurses Health Study, the book teaches you how to understand the latest medical research and gives advice on how to **lower your risk for diseases, including breast cancer**, diabetes, stroke and heart disease.

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ng forward to the days to come.

ICADE is used with methotrexate when methotrexate alone hasn't
ed well. There are reports of serious infections, including sepsis and
rculosis, that may be life-threatening. So, if you are prone to or have
tory of infections, currently have one, or develop one while taking
ICADE, tell your doctor right away. Also tell your doctor before
nning treatment if you have had recent close contact with, or if you
had past exposure to people with tuberculosis, or if you have any
reason to believe you may be at risk. There are also reports of serious
ion reactions with hives, difficulty breathing, and low blood pressure.
u have a de-myelinating disease such as multiple sclerosis, tell your
r before you are treated. In rare cases, people with de-myelinating
se who were treated with REMICADE have seen their symptoms
sify. Up to one in four people experienced the following side effects in
cal studies: upper respiratory infections, headache, cough, sinusitis or
reactions to the infusion such as rash or itchy skin. (Please see the
Summary of Full Prescribing Information on the following page.)

ICADE is available by prescription only; results may vary. REMICADE is given
in your rheumatologist's office. It's covered by Medicare. Coverage will
by carrier and individual case. Ask your rheumatologist if it's right for you.

l to find out more. 1.800.814.8659 or www.remicade.com

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INDICATIONS AND USAGE

Rheumatoid Arthritis:

Crohn's Disease:

The safety and efficacy of therapy continued beyond a single dose have not been established in Crohn's disease.

The safety and efficacy of therapy continued beyond three doses have not been established in fistulizing Crohn's disease.

CONTRAINDICATIONS:

WARNINGS:

RISK OF INFECTIONS

SERIOUS INFECTIONS, INCLUDING SEPSIS AND DISSEMINATED TUBERCULOSIS, HAVE BEEN REPORTED IN PATIENTS RECEIVING TNF-BLOCKING AGENTS, INCLUDING REMICADE. SOME OF THESE INFECTIONS HAVE BEEN FATAL. MANY OF THE SERIOUS INFECTIONS IN PATIENTS TREATED WITH REMICADE HAVE OCCURRED IN PATIENTS ON CONCOMITANT IMMUNOSUPPRESSIVE THERAPY THAT, IN ADDITION TO THEIR CROHN'S DISEASE OR RHEUMATOID ARTHRITIS, COULD PREDISPOSE THEM TO INFECTIONS.

CAUTION SHOULD BE EXERCISED WHEN CONSIDERING THE USE OF REMICADE IN PATIENTS WITH A CHRONIC INFECTION OR A HISTORY OF RECURRENT INFECTION. REMICADE SHOULD NOT BE GIVEN TO PATIENTS WITH A CLINICALLY IMPORTANT, ACTIVE INFECTION. PATIENTS SHOULD BE MONITORED FOR SIGNS AND SYMPTOMS OF INFECTION WHILE ON OR AFTER TREATMENT WITH REMICADE. NEW INFECTIONS SHOULD BE CLOSELY MONITORED. IF A PATIENT DEVELOPS A SERIOUS INFECTION INCLUDING SEPSIS, REMICADE THERAPY SHOULD BE DISCONTINUED (see *ADVERSE REACTIONS, Infections*). PATIENTS SHOULD BE EVALUATED FOR THE RISK OF TUBERCULOSIS, INCLUDING LATENT TUBERCULOSIS. TREATMENT FOR TUBERCULOSIS SHOULD BE INITIATED PRIOR TO TREATMENT WITH REMICADE.

Hypersensitivity:

Neurologic Events:

PRECAUTIONS

Autoimmunity:

Malignancy:

Immunogenicity:

Vaccinations:

Drug Interactions:

Carcinogenesis, Mutagenesis and Impairment of Fertility:

Pregnancy Category B:

Nursing Mothers:

Pediatric Use

Geriatric Use:

ADVERSE REACTIONS:

Infusion-related Reactions

Infections:

Autoantibodies/Lupus-like Syndrome:

Malignancies/Lymphoproliferative Disease. In completed clinical studies of REMICADE in up to 54 months of treatment in over 5,780 patients with moderately to severely active disease. These were non-Hodgkin's B-cell lymphoma, breast cancer and malignant melanoma and last evaluation. Anti-dsDNA antibodies developed in approximately 17% of REMICADE treated patients and were associated with the development of anti-dsDNA antibodies was not related to either the dose or frequency of REMICADE. Patients who received concomitant immunosuppressant therapy with azathioprine or 6-mercaptopurine had a lower incidence of anti-dsDNA antibodies compared to 21% in patients not receiving an immunosuppressant. After discontinuation of REMICADE, 2 of 5 patients who developed anti-dsDNA antibodies at the end of study exhibited a decrease in titer. Of 5 patients who developed anti-dsDNA antibodies if they were ANA positive at study entry, 3 of 5 patients developed clinical symptoms consistent with a lupus-like syndrome. Two of these patients with active disease. All three patients improved following discontinuation of therapy and appropriate symptomatic treatment. Cases of lupus-like reactions have been observed up to three years following discontinuation of REMICADE.

Malignancies/Lymphoproliferative Disease. In completed clinical studies of REMICADE in up to 54 months of treatment in over 5,780 patients with moderately to severely active disease. These were non-Hodgkin's B-cell lymphoma, breast cancer and malignant melanoma and last evaluation. There are insufficient data to determine whether REMICADE contributes to the development of these malignancies. The observed rates and incidences were similar to those expected for the patient populations studied (see *PRECAUTIONS, Malignancy*).

Other Adverse Reactions. Adverse events occurring at a frequency of at least 5% in all patients treated with REMICADE in the rheumatoid arthritis and Crohn's disease clinical trials are listed below. Patients with Crohn's disease who were treated with REMICADE were more likely to report rheumatoid arthritis-like symptoms (arthralgia, myalgia) associated with gastrointestinal symptoms.

ADVERSE EVENTS IN RHEUMATOID ARTHRITIS AND CROHN'S DISEASE STUDIES

	RHEUMATOID ARTHRITIS		CROHN'S DISEASE	
	Placebo	REMICADE	Placebo	REMICADE
	n=[illegible]	n=[illegible]55	n=56	n=[illegible]9
[illegible] weeks of therapy	[illegible]5%	41.2	14.[illegible]	[illegible]%
Infections				
Upper respiratory tract infection	[illegible]%	2[illegible]	[illegible]%	16%
Sinusitis	[illegible]	[illegible]	[illegible]	[illegible]
Bronchitis	4	[illegible]	[illegible]	[illegible]
Pharyngitis	6	[illegible]	[illegible]	[illegible]
Flu-like	[illegible]	2[illegible]	4	[illegible]
Rhinorrhea	[illegible]	[illegible]	[illegible]	[illegible]
Gastrointestinal				
Nausea	[illegible]%	17	4	1[illegible]
Diarrhea	1[illegible]	[illegible]	[illegible]	[illegible]
Abdominal pain	[illegible]	[illegible]	4	1[illegible]
Vomiting	[illegible]	[illegible]	[illegible]	[illegible]
Dyspepsia	[illegible]	[illegible]	[illegible]	[illegible]
Other				
Headache	[illegible]	3[illegible]	[illegible]	[illegible]
Rash	[illegible]	[illegible]	[illegible]	[illegible]
Dizziness	[illegible]	[illegible]	[illegible]	[illegible]
Urinary tract infection	[illegible]	[illegible]	4	[illegible]
Fatigue	[illegible]	[illegible]	[illegible]	[illegible]
Fever	[illegible]	[illegible]	[illegible]	10%
Pain	[illegible]	[illegible]	[illegible]	[illegible]
Back pain	[illegible]	[illegible]	[illegible]	[illegible]
Pruritus	[illegible]	[illegible]	2	[illegible]
Arthralgia	[illegible]	[illegible]	[illegible]	[illegible]
Chest pain	[illegible]	[illegible]	[illegible]	[illegible]

[illegible] occurred with a frequency of 2% to 4% and [illegible] all patients treated with REMICADE [illegible] asthenia, [illegible] asthenia, cholecystitis, diaphragmatic hernia, edema, fall, pain, [illegible] infarction, [illegible] neuralgia

Cardiovascular: hypertension, [illegible]

Central and Peripheral Nervous System: dizziness, headache, hypesthesia, [illegible] motor neuron lesion, [illegible] lupus erythematosus, syndrome, sarcoidosis, rheumatoid arthritis, rheumatoid nodule

Endocrine: [illegible] autoimmune

Gastrointestinal: abdominal pain, appendicitis, Crohn's disease, diarrhea, gastritis, [illegible] gastrointestinal hemorrhage, [illegible] intestinal perforation, intestinal stenosis, nausea, pancreatitis, peritonitis, proctalgia, vomiting

Heart Rate and Rhythm: arrhythmia, atrioventricular block, bradycardia, cardiac arrest, palpitation, tachycardia

Liver and Biliary: biliary pain, cholecystitis, cholelithiasis, hepatitis, cholestatic

Metabolic and Nutritional: dehydration, gonadal dysfunction, weight decrease

Musculoskeletal: arthritis, arthralgia, back pain, bone fracture, hemarthrosis, intervertebral disk herniation, joint dislocation, myalgia, osteoarthritis, osteoporosis, spondylolisthesis, symphysiolysis, tendon disorder, tendon injury

Myocardial and Coronary Vascular: angina pectoris, cardiac failure, myocardial ischemia

Neoplasms: basal cell, breast, lymphoma, melanoma, rectal adenocarcinoma, skin

Platelet, Bleeding and Clotting: thrombocytopenia

Psychiatric: anxiety, confusion, delirium, depression, somnolence, suicide attempt

Red Blood Cell: anemia

Reproductive: endometriosis

Resistance Mechanisms: abscess, bacterial infection, cellulitis, fever, fungal infection, herpes zoster, infection, infarction

Respiratory: adult respiratory distress syndrome, bronchitis, cough, dyspnea, pleural effusion, pleurisy, pneumonia, pulmonary edema, pulmonary infiltration, respiratory insufficiency, upper respiratory tract infection

Skin and Appendages: furunculosis, increased sweating, injection site inflammation, rash, ulceration

Urinary: azotemia, cystitis, hydronephrosis, kidney calculus, pyelonephritis, renal calculus, renal failure, urethral stricture

Vascular Extracardiac: brain infarction, peripheral ischemia, pulmonary embolism, thrombophlebitis, deep thrombophlebitis

White Cell and Reticuloendothelial: leukopenia, lymphadenopathy, lymphangitis

A greater proportion of patients enrolled into the ATTRACT study who received REMICADE plus MTX experienced elevations greater than 2 times the upper limit of normal in AST or ALT (37% and 32%, respectively) compared to patients treated with MTX (24% each). Six (1.8%) patients treated with REMICADE and MTX experienced more prolonged elevations.

OVERDOSAGE: Single doses up to 20 mg/kg have been administered without any directly toxic effect. In case of overdosage, the patient be monitored for any signs or symptoms of adverse reactions or effects and appropriate symptomatic treatment immediately.

Storage: Unopened lyophilized product should be refrigerated at 2° to 8°C (36° to 46°F). Do not freeze. Do not use beyond the expiration date. The product contains no preservative.

HOW SUPPLIED: REMICADE® lyophilized concentrate for IV injection is supplied in individually boxed single-use vials containing:

100 mg infliximab in a 20 mL vial

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THE SO-SO SALAD
For about 400 calories, this salad seems like healthy lunch fare, but it has a dismal 21 grams of fat (and that's without any dressing). Even so, it's a better choice than fast food, since it provides 100 percent of the RDA of vitamin C and about one third the RDA of iron and calcium.

Slim down your salad

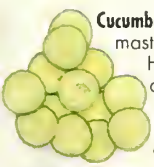
Your favorite summer lunch may be a high-fat, high-calorie meal in disguise. Do you know what to pile on your plate and what to leave behind? **By Rosemary Black**

More women choose salad for lunch than any other food, according to a study by the National Restaurant Association. But not all salads are created equal: When LHJ checked in with two national restaurant chains that feature salad bars, the most popular items included cottage cheese, Cheddar cheese and hard-boiled eggs. While tomatoes and red onions were also in the top five, dark, leafy greens—the foundation for the healthiest salads—didn't make the list. Add a heaping helping of bacon bits or Chinese noodles plus lots of dressing, and your lunchtime fare may be higher in fat and calories than a burger with the works. Here's a guide to help you make a healthy—and tasty—salad.

Salad fixings: The empty calories



Iceberg lettuce: It pales in comparisan ta ather leafy greens and wan't fill yau up far the lang haul—1½ cups have anly 1 g of fiber (experts say you should get 25 ta 35 g per day).



Cucumbers: You're getting mastly water here: Half a cup has anly a tiny amaunt af falate and a minimal amount of vitamin A.

Mushrooms: They may add a satisfying, meaty flavar ta yaur salad, but they lack nutritianal value—½ cup has na fiber, anly 5 percent af the RDA af patassium and less than 10 percent af Vitamin D.





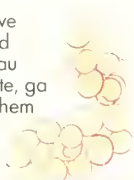
Olives: Stick ta black. Five green alives have a whapping 468 mg af sadium; whereas, 5 black alives have anly 145 mg.



Red onians: There's no reason to suffer anion breath: One faurth cup has a scant 15 calories and little else, except same patassium and a teeny bit af vitamin C.



Morinated artichoke hearts: Twa hearts contain 55 mg af patassium and just 1 g af fiber. Since they are aften saaked in ail, take just a few.



Radishes: They have few calaries—and few nutrients. If yau like a peppery taste, ga ahead and pile them an; if nat, dan't feel guilty skipping them.



THE SUPERSTAR SALAD

A few simple changes—swapping iceberg lettuce for spinach, for example—can make a big difference. This salad has about the same number of calories as our other salad, but also packs an extra 10 g of protein, two thirds more iron, 4 g more fiber, twice as much potassium and almost five times as much vitamin A. What's more, it's much lower in cholesterol, and has 6 fewer grams of fat. This lunch will leave you feeling satisfied—not deprived.

Simple steps to a healthier salad

Salad fixings that pack a nutritional punch

Chickpeas: Toss in plenty of these—½ cup has 6 g of soluble fiber and as much protein as a hard-boiled egg. As an added bonus, chickpeas have 186 mg of potassium.

Grated carrots: Loaded with 1,700 mcg beta-carotene, an antioxidant that may prevent cancer, ½ cup of carrots has just 27 calories and 300 percent of the RDA of vitamin A.

Cherry tomatoes: With half the RDA of vitamin A and 25 percent of vitamin C, these are worth every calorie (5 tomatoes have just 18 calories). And there's no sodium.

Mesclun salad greens: A mix that includes arugula, radicchio and oak-leaf lettuce has almost half your daily requirement for vitamin A and one fourth of your daily quota of folate, which helps protect against birth defects.

Cauliflower: Just ½ cup will give you almost half your vitamin C requirement for the day for a mere 13 calories.

Broccoli: If you have to choose between this and cauliflower, go for the green—½ cup has 100 percent of the RDA for both vitamins A and C.

Green peas: Help yourself to plenty of these—⅓ cup contains 40 percent of the RDA of vitamin A and 2 g of fiber.

Kidney beans: Add a burst of color to your plate and get a bonus—½ cup has 5 g of fiber and 6 g of protein.

Cottage cheese: Light on calcium but heavy on protein (14 g in ½ cup), cottage cheese will help you feel fuller longer.

Spinach: Popeye knew it: Spinach is a powerhouse. For only 13 calories, 1 cup delivers 16 mg of vitamin C, 55 mg of calcium, 2 mg of iron and 2 g of fiber.

ings to do now that I'm 50.



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olon cancer is the second leading cancer killer in the U.S. And it affects women just as often as it affects men. But if it is caught in its early stages, colon cancer patients have a 90% survival rate. Make it a personal goal to get checked when you turn 50. That way, you'll have plenty of time to get to everything else on your list. Call your American Cancer Society any time, day or night, for free information on colon cancer.

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The salad weigh-in

What do you really get for one pound? The choice is clear—veggies are heaps above the rest, but fruit is a close second.



Traditional pasta salad equals a whopping **540 calories** and 15 g of fat. You get 15 g of protein, but little else.

Fill up with dark greens for only **80 calories** and a trace of fat. You'll get 6 g of protein, 6 g of fiber, 57 mg of vitamin C and 3 mg of iron.

A fruit salad has **175 calories**, and just over 1 g of fat. But it's no lightweight with 134 mg of vitamin C, 4.5 g of fiber and 3 g of protein.



Top it off right!

The wrong salad dressing can transform even the healthiest salad into a fatty feast. The worst dressings? Blue cheese, ranch and other creamy, cheese-based varieties, which contain more than 100 calories in a tablespoon. Instead choose bottled "light" dressings, which have half the calories. Your best choice is to make your own dressing with oil and vinegar. Olive oil is high in unsaturated fatty acids, which protect your heart, and vinegar contains disease-fighting chemicals called flavonoids.



Salad fixings to use sparingly



Grated Cheddar cheese: One ounce (about 4 tablespoons) provides almost one fifth of your daily calcium requirement and nearly as much protein as a hard-boiled egg. But it also has 114 calories and 9 g of fat, so think of it as a garnish, not a main ingredient.



Hard-boiled eggs: A great source of protein (7 g, in the whites) and low in calories (80 calories). Still, one yolk harbors 6 g of fat, so consider leaving the yellow stuff behind.



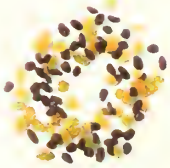
Deli-style coleslaw: Unless you know it's made with low-fat dressing, don't dig in—½ cup has 175 calories and a belt-busting 16 g of fat.



Chinese noodles: Four tablespoons have 75 calories and 4 g of fat. Get your crunch with croutons instead.



Bacon bits: If you must have some, sprinkle lightly: Two tablespoons have 50 calories and 2 g of fat.



Raisins: One quarter cup gives you nearly 10 percent of your daily potassium requirement, along with 1 g of protein and 2 g of fiber. But they're high in calories—130 in 4 tablespoons—and can be as cavity-causing as candy.



Sunflower seeds: A good source of minerals that are important for strong bones: calcium, magnesium, phosphorus and vitamin D. Sunflower seeds are high in calories—83 in just 2 tablespoons.



Roasted red peppers in oil: Skip them if you can: Two tablespoons have 20 calories—10 of which are from fat—and 125 mg of sodium.



Potato salad: One half cup has 20 percent of the RDA of vitamin C, as well as 11 g of fat—if you can resist, take a pass.

Sources: Jay Bauer, R.D., M.S.; Riska Platt, R.D., M.S.; and Susan Adams, R.D.

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the allergy epidemic

More people than ever before are suffering from runny noses, itchy eyes and scratchy throats. Here's what can be done to ease the misery

By Ronny Frishman



The older you are when allergies first strike, the harder it is to conquer them

An avid runner, Amy Milliman had always looked forward to spring. But ever since she graduated from college, outdoor jogs have left her with a drippy, congested nose—symptoms she chalked up to seasonal allergies. Over time, her allergies worsened and struck without regard to the calendar. Household cleaners made her stuffy and secondhand smoke triggered coughing fits. After gasping for air while training for a marathon, she finally talked to her doctor. "It felt like someone was standing on my chest," says Milliman, 30, a manager at a health-insurance company in Ann Arbor, Michigan. "I was worried." Her doctor's diagnosis? Asthma.

Milliman's story isn't uncommon. In fact, 50 million Americans are suffering from allergies, some so severely that they develop asthma, an inflammation of the airways that causes breathing problems. While asthma attacks can be triggered by cold air and strenuous exercise, they also can be an extreme kind of allergic reaction, set off by the same culprits that bring on allergies, including dust mites, pet dander and pollen.

Number of people in the U.S. with allergies: **50 million**

Number of doctor visits each year due to allergies: **8.4 million**

Cost of these visits: **$225 million**

Number of Americans with asthma: **17 million**

The increase in asthma over 15 years: **75%**

Our bodies are naturally programmed to fend off dangerous substances, such as bacteria and viruses. Allergies, however, are an abnormal reaction to something that is ordinarily harmless. When someone with allergies inhales pollen, for example, the body responds by releasing too much of an antibody called immunoglobulin E (IgE). IgE then launches a chain reaction and unleashes chemicals such as histamines and leukotrines, which cause sneezing, runny nose and other symptoms.

Most people first get allergies in childhood, but the number of adult-onset cases is increasing. "Most people consider allergies and asthma a kid's disease, but you can develop allergies at any age," says William E. Berger, M.D., author of *Allergies and Asthma for Dummies* (IDG Books, 2000). Unfortunately, the older you are when allergies first strike, the less likely it is that you'll conquer them.

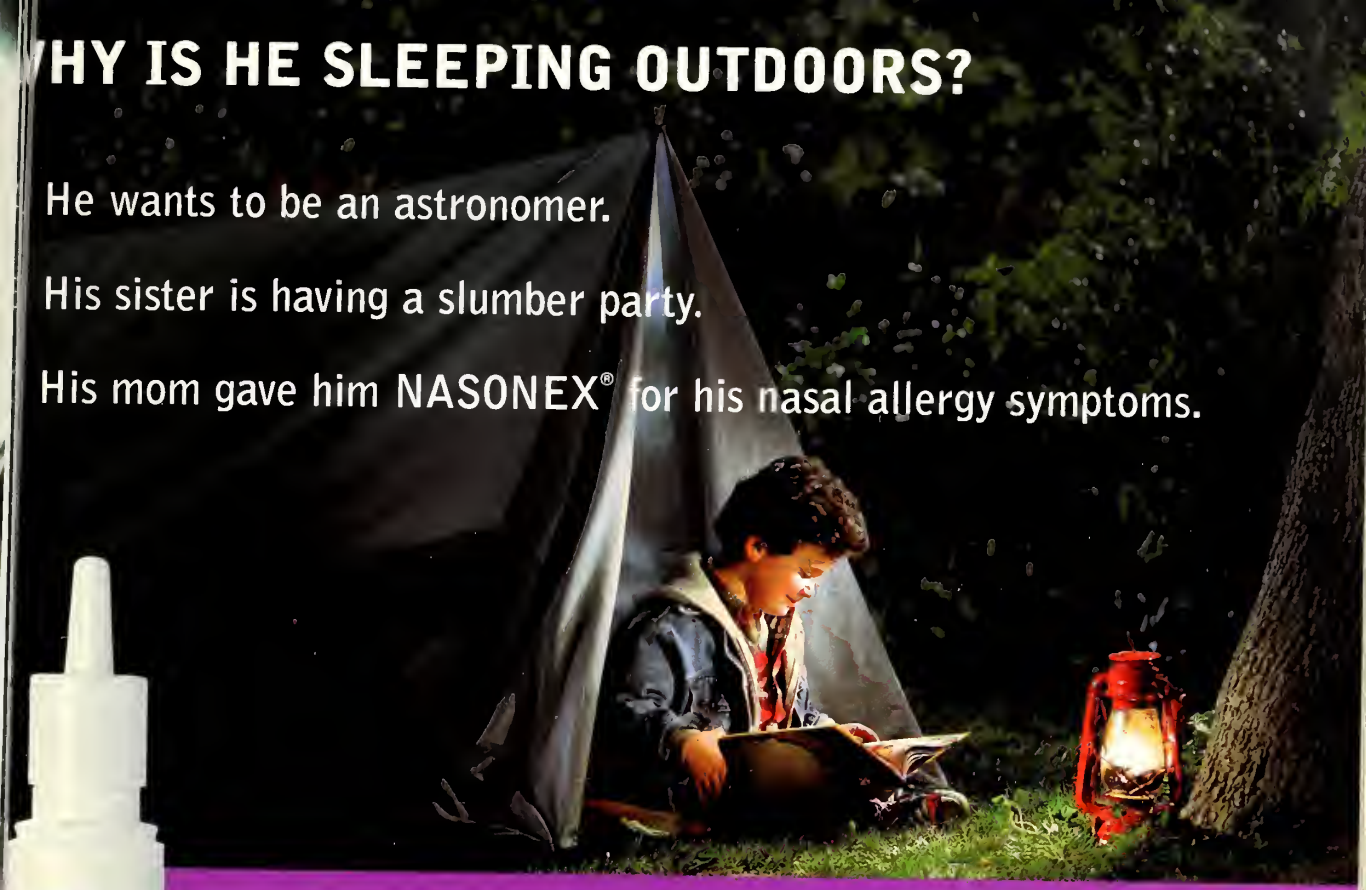
Beyond the misery they cause, allergies cost at least *(continued)*

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BRIEF SUMMARY (For Full Prescribing Information, see package insert.) **INDICATIONS AND USAGE** NASONEX Nasal Spray is indicated for the treatment of the nasal symptoms of seasonal allergic and perennial allergic rhinitis in adult and pediatric patients 3 years of age and older. NASONEX Nasal Spray, 50 mcg is indicated for the treatment of the nasal symptoms of seasonal allergic rhinitis in adult and adolescent patients 12 years and older. Patients with a known seasonal allergen that precipitates nasal symptoms of seasonal allergic rhinitis, initiation of prophylaxis with NASONEX Nasal Spray, 50 mcg is recommended 2 to 4 weeks prior to the anticipated start of the pollen season. Safety and effectiveness of NASONEX Nasal Spray, 50 mcg in pediatric patients less than 3 years of age have not been established. **CONTRAINDICATIONS** Hypersensitivity to any of the ingredients of this preparation contraindicates its use. **WARNINGS** The replacement of a systemic corticosteroid with a topical corticosteroid can be accompanied by signs of adrenal insufficiency and, in addition, some patients may experience symptoms of withdrawal, for example, joint and/or muscular pain, lassitude, and depression. Careful attention must be given when patients previously treated for prolonged periods with systemic corticosteroids are transferred to topical corticosteroids, with careful monitoring for acute adrenal insufficiency in response to stress. This is particularly important in those patients who have associated asthma or other clinical conditions where too rapid a decrease in systemic corticosteroid dosing may cause a severe exacerbation of their symptoms. It is recommended doses of intranasal corticosteroids are exceeded or if individuals are particularly sensitive or predisposed by virtue of recent systemic steroid therapy, symptoms of hypercorticism may occur, including very rare cases of menstrual irregularities, acneiform lesions, and cushingoid features. If such changes occur, topical corticosteroids should be discontinued slowly, consistent with accepted procedures for discontinuing oral steroid therapy. Persons who are on drugs which suppress the immune system are more susceptible to infections than healthy individuals. Chickenpox and measles, for example, can have a more serious or even fatal course in nonimmune children or adults on corticosteroids. In such children or adults who have not had these diseases, particular care should be taken to avoid exposure. How the dose, route, and duration of corticosteroid administration affects the risk of developing a disseminated infection is not known. The contribution of the underlying disease and/or prior corticosteroid treatment to the risk is also not known. If exposed to chickenpox, prophylaxis with varicella zoster immune globin (VZIG) may be indicated. If exposed to measles prophylaxis with pooled intramuscular immunoglobulin (IG) may be indicated. (See the respective package inserts for complete VZIG and IG prescribing information.) If chickenpox develops, treatment with antiviral agents may be considered. **PRECAUTIONS General:** Intranasal corticosteroids may cause a reduction in growth velocity when administered to pediatric patients (see **PRECAUTIONS, Pediatric Use** section). In clinical studies with NASONEX Nasal Spray, 50 mcg, the development of localized infections of the nose and pharynx with *Candida albicans* has occurred only rarely. When such an infection develops, use of NASONEX Nasal Spray, 50 mcg should be discontinued and appropriate local or systemic therapy instituted, if needed. Nasal corticosteroids should be used with caution, if at all, in patients with active or quiescent tuberculous infection of the respiratory tract, or in untreated fungal, bacterial, systemic viral infections, or ocular herpes simplex. Rarely, immediate hypersensitivity reactions may occur after the intranasal administration of mometasone furoate monohydrate. Extreme rare instances of wheezing have been reported. Rare instances of nasal septum perforation and increased intraocular pressure have also been reported following the intranasal application of aerosolized corticosteroids. As with any long-term topical treatment of the nasal cavity, patients using NASONEX Nasal Spray, 50 mcg over several months or longer should be examined periodically for possible changes in the nasal mucosa. Because of the inhibitory effect of corticosteroids on wound healing, patients who have experienced recent nasal septum ulcers, nasal surgery, or nasal trauma should not use a nasal corticosteroid until healing has occurred. Glaucoma and cataract formation was evaluated in one controlled study of 12 weeks' duration and one uncontrolled study of 12 months' duration in patients treated with NASONEX Nasal Spray, 50 mcg at 200 mcg/day, using intraocular pressure measurements and slit lamp examination. No significant change from baseline was noted in the mean intraocular pressure measurements for the 141 NASONEX-treated patients in the 12-week study, as compared with 141 placebo-treated patients. No individual NASONEX-treated patient was noted to have developed a significant elevation in intraocular pressure or cataracts in this 12-week study. Likewise, no significant change from baseline was noted in the mean intraocular pressure measurements for the 139 NASONEX-treated patients in the 12-month study and again, no cataracts were detected in these patients. Nonetheless, nasal and inhaled corticosteroids have been associated with the development of glaucoma and/or cataracts. Therefore, close follow-up is warranted in patients with a change in vision and with a history of glaucoma and/or cataracts. When nasal corticosteroids are used at excessive doses, systemic corticosteroid effects such as hypercorticism and adrenal suppression may appear. If such changes occur, NASONEX Nasal Spray, 50 mcg should be discontinued slowly, consistent with accepted procedures for discontinuing oral steroid therapy. **Information for Patients:** Patients being treated with NASONEX Nasal Spray, 50 mcg should be given the following information and instructions. This information is intended to aid in the safe and effective use of this medication. It is not a disclosure of all intended or possible adverse effects. Patients should use NASONEX Nasal Spray, 50 mcg at regular intervals (once daily) since its effectiveness depends on regular use. Improvement in nasal symptoms of allergic rhinitis has been shown to occur within 11 hours after the first dose based on one single-dose, parallel-group study of patients in an outdoor "park" setting (park study) and one environmental exposure unit (EEU) study and within 2 days after the first dose in two randomized, double-blind, placebo-controlled, parallel-group seasonal allergic rhinitis studies. Maximum benefit is usually achieved within 1 to 2 weeks after initiation of dosing. Patients should take the medication as directed and should not increase the prescribed dosage by using it more than once a day in an attempt to increase its effectiveness. Patients should contact their physician if symptoms do not improve, or if the condition worsens. To assure proper use of this nasal spray, and to attain maximum benefit, patients should read and follow the accompanying Patient's Instructions for Use carefully. Patients should be cautioned not to spray NASONEX Nasal Spray, 50 mcg into the eyes or directly onto the nasal septum. Persons who are on immunosuppressant doses of corticosteroids should be warned to avoid exposure to chickenpox or measles, and patients should also be advised that if they are exposed, medical advice should be sought without delay. **Carcinogenesis, Mutagenesis, Impairment of Fertility:** In a 2-year carcinogenicity study of Sprague Dawley rats, mometasone furoate demonstrated no statistically significant increase of tumors at inhalation doses up to 67 mcg/kg (approximately 3 and 2 times the maximum recommended daily intranasal dose in adults and children, respectively, on a mcg/m² basis). In a 19-month carcinogenicity study of Swiss CD-1 mice, mometasone furoate demonstrated no statistically significant increase in the incidence of tumors at inhalation doses up to 160 mcg/kg (approximately 4 and 3 times the maximum recommended daily intranasal dose in adults and children, respectively, on a mcg/m² basis). At cytotoxic doses, mometasone furoate produced an increase in chromosome aberrations *in vitro* in Chinese hamster ovary-cell cultures in the nonactivation phase but not in the presence of rat liver S9 fraction. Mometasone furoate was not mutagenic in the mouse-lymphoma assay and the *Salmonella/E. coli*/mammalian microsome mutation assay, a Chinese hamster lung cell (CHL) chromosomal-aberrations assay, an *in vivo* mouse bone-marrow erythrocyte-micronucleus assay, a rat bone-marrow clastogenicity assay, and the mouse male germ-cell clastogenicity assay. Mometasone furoate also did not induce unscheduled DNA synthesis *in vivo* in rat hepatocytes. In reproductive studies in rats, impairment of fertility was not produced by subcutaneous doses up to 15 mcg/kg (less than the maximum recommended daily intranasal dose in adults on a mcg/m² basis). However, mometasone furoate caused prolonged gestation, prolonged and difficult labor, reduced offspring survival, and reduced maternal body weight gain at a dose of 15 mcg/kg. **Pregnancy: *Teratogenic Effects*: *Pregnancy Category C*:** Mometasone furoate caused cleft palate in mice at subcutaneous doses of 60 mcg/kg and above (approximately 2 times the maximum recommended daily intranasal dose in adults on a mcg/m² basis). Offspring survival was reduced in the 180-mcg/kg group (approximately 4 times the maximum recommended daily intranasal dose in adults on a mcg/m² basis). No such effects were observed at 20 mcg/kg (less than the maximum recommended daily intranasal dose in adults on a mcg/m² basis). In rabbits, mometasone furoate caused flexed front paws at a topical dermal dose of 150 mcg/kg (approximately 5 times the maximum recommended daily intranasal dose in adults on a mcg/m² basis). In rats, mometasone furoate produced umbilical hernia, cleft palate, and delayed ossification at a topical dermal dose of 600 mcg/kg (approximately 30 times the maximum recommended daily intranasal dose in adults on a mcg/m² basis). At 1200 mcg/kg (approximately 60 times the maximum recommended daily intranasal dose in adults on a mcg/m² basis), micrognathia, umbilical hernias, and delayed ossification were observed in rat pups. In these developmental studies, there were also reductions in maternal body weight gain and effects on fetal growth (lower fetal body weights and/or delayed ossification) in mice (60 and 180 mcg/kg), rabbits (150 mcg/kg), and rats (600 mcg/kg). In an oral developmental study in rabbits, at 700 mcg/kg, (approximately 70 times the maximum recommended daily intranasal dose in adults on a mcg/m² basis), increased incidences of resorptions and malformations, including cleft palate and/or head malformations (hydrocephaly or domed head) were observed. Pregnancy failure was observed in mo rabbits at 2800 mcg/kg (approximately 270 times the maximum recommended daily intranasal dose in adults on a mcg/m² basis). There are no adequate and well-controlled studies in pregnant women. NASONEX Nasal Spray, 50 mcg, like other corticosteroids, should be used during pregnancy only if the potential benefits justify the potential risk to the fetus. Experience with oral corticosteroids since their introduction in pharmacologic, as opposed to physiologic, doses suggests that rodents are more prone to teratogenic effects from corticosteroids than humans. In addition, because there is a natural increase in corticosteroid production during pregnancy, most women will require a lower exogenous corticosteroid dose and many will not need corticosteroid treatment during pregnancy. **Nonteratogenic Effects:** Hypoadrenalism may occur in infants born to women receiving corticosteroids during pregnancy. Such infants should be carefully monitored. **Nursing Mothers:** It is not known if mometasone furoate is excreted in human milk. Because other corticosteroids are excreted in human milk, caution should be used when NASONEX Nasal Spray, 50 mcg is administered to nursing women. **Pediatric Use:** Controlled clinical studies have shown intranasal corticosteroids may cause a reduction in growth velocity in pediatric patients. This effect has been observed in the absence of laboratory evidence of hypothalamic-pituitary-adrenal (HPA) axis suppression, suggesting that growth velocity is a more sensitive indicator of systemic corticosteroid exposure in pediatric patients than some commonly used tests of HPA axis function. The long-term effects of this reduction in growth velocity associated with intranasal corticosteroids, including the impact on final adult height, are unknown. The potential for "catch up" growth following discontinuation of treatment with intranasal corticosteroids has not been adequately studied. The growth of pediatric patients receiving intranasal corticosteroids, including NASONEX Nasal Spray, 50 mcg, should be monitored routinely (eg, via stadiometry). The potential growth effects of prolonged treatment should be weighed against clinical benefits obtained and the availability of safe and effective noncorticosteroid treatment alternatives. To minimize the systemic effects of intranasal corticosteroids, including NASONEX Nasal Spray, 50 mcg, each patient should be titrated to his/her lowest effective dose. Seven hundred and twenty (720) patients 3 to 11 years of age were treated with mometasone furoate nasal spray, 50 mcg (100 mcg total daily dose) in controlled clinical trials. Safety and effectiveness in children less than 3 years of age have not been established. A clinical study has been conducted for one year in pediatric patients (ages 3 to 9 years) to assess the effect of NASONEX Nasal Spray, 50 mcg (100 mcg total daily dose) on growth velocity. No statistically significant effect on growth velocity was observed for NASONEX Nasal Spray, 50 mcg compared to placebo. No evidence of clinically relevant HPA axis suppression was observed following a 30-minute Cosyntropin infusion. The potential of NASONEX Nasal Spray, 50 mcg to cause growth suppression in susceptible patients or when given at higher doses cannot be ruled out. **Geriatric Use:** A total of 203 patients above 64 years of age (age range 64 to 85 years) have been treated with NASONEX Nasal Spray, 50 mcg for up to 3 months. The adverse reactions reported in this population were similar in type and incidence to those reported by younger patients. **ADVERSE REACTIONS** In controlled US and International clinical studies, a total of 3210 adult and adolescent patients aged 12 years and older received treatment with NASONEX Nasal Spray, 50 mcg at doses of 50 to 800 mcg/day. The majority of patients (n = 2103) were treated with 200 mcg/day. In controlled US and International studies, a total of 990 pediatric patients (ages 3 to 11 years) received treatment with NASONEX, 50 mcg, at doses of 25 to 200 mcg/day. The majority of pediatric patients (720) were treated with 100 mcg/day. A total of 513 adult, adolescent, and pediatric patients have been treated for 1 year or longer. The overall incidence of adverse events for patients treated with NASONEX Nasal Spray, 50 mcg was comparable to patients treated with the vehicle placebo. Also, adverse events did not differ significantly based on age, sex, or race. Three percent or less of patients in clinical trials discontinued treatment because of adverse events; this rate was similar for the vehicle and active comparators. Adverse events (regardless of relationship to treatment) that were more common with NASONEX Nasal Spray, 50 mcg than placebo, and were reported by 5% or more of adult and adolescent patients aged 12 years and older who received NASONEX Nasal Spray, 50 mcg, 200 mcg/day (n=2103) vs placebo (n=1671) and by pediatric patients ages 3 to 11 years who received NASONEX Nasal Spray, 50 mcg, 100 mcg/day (n=374) vs placebo (n=376) in clinical trials, were, for NASONEX Nasal Spray, 50 mcg and vehicle placebo, respectively: headache (17-26% vs 18-22%), viral infection (8-14% vs 9-11%), pharyngitis (10-12% vs 10%), epistaxis/blood-tinged mucus (8-11% vs 6-9%), coughing (7-13% vs 6-15%), upper respiratory tract infection (5-6% vs 2-4%), dysmenorrhea (1-5% vs 0-3%), musculoskeletal pain (1-5% vs 1-3%), sinusitis (4-5% vs 3-4%), and vomiting (1-5% vs 1-4%). Other adverse events which occurred in less than 5% but greater than or equal to 2% of mometasone furoate adult and adolescent patients (aged 12 years and older) treated with 200-mcg doses (regardless of relationship to treatment), and more frequently than in the placebo group included: arthralgia, asthma, bronchitis, chest pain, conjunctivitis, diarrhea, dyspepsia, earache, flu-like symptoms, myalgia, nausea, and rhinitis. Other adverse events which occurred in less than 5% but greater or equal to 2% of mometasone furoate pediatric patients aged 3 to 11 years treated with 100-mcg doses vs placebo (regardless of relationship to treatment) and more frequently than in the placebo group included: diarrhea, nasal irritation, otitis media, and wheezing. Rare cases of nasal ulcers and nasal and oral candidiasis were also reported in patients treated with NASONEX Nasal Spray, 50 mcg, primarily in patients treated for longer than 4 weeks. In postmarketing surveillance of this product, cases of nasal burning and irritation, anaphylaxis and angioedema, and rare cases of nasal septal perforation have been reported. **OVERDOSAGE** There are no data available on the effects of acute or chronic overdosage with NASONEX Nasal Spray, 50 mcg. Because of low systemic bioavailability, and an absence of acute drug-related systemic findings in clinical studies, overdose is unlikely to require any therapy other than observation. Intranasal administration of 1600 mcg (8 times the recommended dose of NASONEX Nasal Spray, 50 mcg) daily for 29 days, to healthy human volunteers was well tolerated with no increased incidence of adverse events. Single intranasal doses up to 4000 mcg have been studied in human volunteers with no adverse effects reported. Single oral doses up to 8000 mcg have been studied in human volunteers with no adverse effects reported. Chronic overdosage with any corticosteroid may result in signs or symptoms of hypercorticism (see **PRECAUTIONS**). Acute overdosage with this dosage form is unlikely since one bottle of NASONEX Nasal Spray, 50 mcg contains approximately 8500 mcg of mometasone furoate.

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GIES
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nillion annually in lost produc- due to missed workdays and illion in medical care. The con- nces of asthma are more dire: than 5,000 Americans die from sease each year, within hours of set of an attack. ough some medi- s bring relief and ones are on the the cause of this mic remains an na. "It's like a e. People are try- snap in pieces if they make a e," says Ira Fine- M.D., chief of allergy at St. s–Roosevelt Hospital Center, in York City. "But it's probably cancer—there's no simple an- " Scientists have some intriguing ies, most of which point to envi- ental and lifestyle factors.

> Ironically, our compulsion for cleanliness may be to blame for the rise in allergies

ve too clean?

ough genetics play a role in aller- experts believe heredity alone ot explain the rapid rise in aller- diseases over the last two les. One idea gaining popularity e "hygiene hypothesis," which es that our advanced civilization ompulsion for cleanliness may, cally, be partly to blame. The theory suggests that public-health improvements, such as antibiotics, have eliminated so many pathogens and infectious diseases that the immune system, rather than stay idle, wages war against relatively benign things like pet dander and dust mites.

The hygiene hypothesis has yet to be proven, but studies have found allergies to be more prevalent in richer, developed countries, specifically the U.S., Western Europe, Australia and New Zealand. "There are areas of the world, like Central China and rural Africa, where the allergy and asthma epidemic has not occurred," says Scott Weiss, M.D., a professor at Harvard Medical School and director of respiratory epidemiology at Brigham and Women's Hospital, in Boston. And landmark research in the 1990s found that before the Berlin Wall fell, East Germany—although heavily polluted—had a lower incidence of hay fever and asthma than West Germany. After reunification, however, pollution rates fell and allergies in East Germany increased.

In fact, exposure to dirt and dust and even mild infections early in life may have a protective effect against allergies and asthma by helping the immune system mature properly. A recent study at the University of *(continued)*

LLERGY-PROOFING YOUR HOME

ou have allergies, there's no question that limiting exposure to dust es, pet dander, molds, pollen and other triggers can reduce your nptoms. But it can be overwhelming and virtually impossible to allergy- oof your entire house. Start by focusing on the bedroom, since that's ere you spend the most time. Follow these guidelines: ■ Dust regularly, d use a vacuum with a high-efficiency particulate air (HEPA) filter. Place plastic coverings on pillows, mattresses and box springs to courage dust-mite proliferation. Wash linens weekly in hot water. Bare floors are preferable to carpeting. Opt for leather, wood and vinyl tead of upholstered furniture. ■ Use dehumidifiers to keep humidity low 50 percent to prevent mold growth. ■ If you can't part with your t, keep him outdoors as much as possible and out of the bedroom. Keep windows shut during pollen season and use HEPA filters over vents. ■ Do not allow tobacco smoke in your house.

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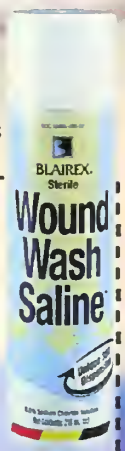


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Don't let black cats cross your path—people with allergies are more likely to get severe symptoms from cats with dark fur

(continued) Arizona found that young children who attended day care or had older siblings at home had frequent wheezing until age 2, but were less likely to develop asthma later in childhood. And other studies have found that children raised in farming and rural communities—areas with livestock and high levels of endotoxins, a component of the bacteria found in house dust—have considerably fewer allergies than youngsters raised in urban homes. Endotoxins stimulate the immune system in a way that may help protect against allergies. Exposure early in life, when the immune system is still "learning," may have an effect somewhat like a vaccine.

The climbing allergy rate also may be due to a combination of other factors. Environmental pollution, such as sulfur dioxide and diesel particles in the air, may be contributing to the upswing. In homes and offices, airtight insulation traps pollutants whereas plush carpets and furnishings provide a breeding ground for mold spores and dust mites. "We're being exposed to more of these allergens and in higher concentrations," says William Berger. Exposure to tobacco smoke, both in the womb and during infancy, puts children at risk for developing asthma. And scientists have known that allergies and asthma are more prevalent among poor children, who are more likely to be exposed to cockroach and rodent allergens. Diet may even be a factor—some studies, although controversial, have found a link between obesity and asthma.

New treatments can help prevent allergies from ruining your life

Easing the misery

Besides asthma, allergies can also lead to other health complications. Hay fever, for example, is a leading cause of sinusitis and recurring ear infections. So it's important to get the right diagnosis from a specialist and not to dismiss symptoms that last longer than two weeks as just a cold. The most common diagnostic tool is skin testing, which measures reactions to needle pricks of allergens. Once you know your leading triggers, it's best to avoid them. But because allergens are ubiquitous, your doctor may prescribe one of the following medications:

Antihistamines Prescription antihistamines, such as Allegra, disable the histamine process that causes runny nose, sneezing, itching and irritation. Although they can be pricey (about $60 per month), these oral medications don't cause drowsiness. For a stuffy nose caused by hay fever, your doctor may suggest a steroid nasal spray, such as Flonase and Nasonex.

Inhalers Inhaled corticosteroids, which treat the underlying inflammation of the airways, are still the best drugs for preventing asthma flare-ups. There have been concerns that long-term use in children may impair growth, but a large study last fall found that those who used inhalers reached normal adult heights. And another study found that daily use of corticosteroids reduced the risk of asthma-related deaths. A new option is Pulmicort Respules, the only steroid used with a nebulizer, a small machine that delivers the medication as a mist and makes inhaling it easier.

Allergy shots Also called immunotherapy, allergy *(continued)*

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Synvisc is generally well tolerated; however, it may not work for everyone. The most commonly reported side effects are temporary pain, swelling, and/or fluid accumulation in the injected knee (about 2% of injections). If fluid accumulation is large or painful, call your doctor. Other side effects, such as rash, have been reported rarely. Advise your doctor if you are allergic to chicken products or your leg is swollen or infected. The results of repeat use have not been established.

Synvisc therapy is usually covered by most medical plans, including Medicare.
If you have questions about insurance coverage, please see additional information on the next page.

*Your doctor may ask you to temporarily avoid strenuous activity after treatment.

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Please see additional important patient information on the next page.

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Synvisc is used to relieve knee pain due to osteoarthritis. It is used for patients who do not get adequate relief from simple painkillers or from exercise and physical therapy. The most pain relief and the greatest amount of treatment success occurred 8 to 12 weeks after Synvisc treatment began.

HOW CAN I GET MORE INFORMATION ABOUT SYNVISC?

If you have any questions or would like to find out more about Synvisc, you may call Wyeth-Ayerst Pharmaceuticals, at 1-800-99-WYETH.

CONTRAINDICATIONS

- Do not administer to patients with known hypersensitivity (allergy) to hyaluronan (sodium hyaluronate) preparations.
- Do not inject Synvisc in the knees of patients having knee joint infections or skin diseases or infections in the area of the injection site.

WARNINGS

- Do not concomitantly use disinfectants containing quaternary ammonium salts for skin preparation because hyaluronan can precipitate in their presence.
- Do not inject Synvisc extra-articularly, or into the synovial tissues and capsule. Local and systemic adverse events, generally in the area of the injection, have occurred following extra-articular injection of Synvisc.
- Intravascular injections of Synvisc may cause systemic adverse events.

PRECAUTIONS

General

- The effectiveness of a single treatment cycle of less than three injections of Synvisc has not been established.
- The safety and effectiveness of Synvisc in locations other than the knee and for conditions other than osteoarthritis have not been established.
- Do not inject anesthetics or other medications into the knee joint during Synvisc therapy. Such medications may dilute Synvisc and affect its safety and effectiveness.
- Use caution when injecting Synvisc into patients who are allergic to avian proteins, feathers, and egg products.
- The safety and effectiveness of Synvisc in severely inflamed knee joints have not been established.
- Strict aseptic administration technique must be followed.
- STERILE CONTENTS. The syringe is intended for single use. The contents of the syringe must be used immediately after its packaging is opened. Discard any unused Synvisc.
- Do not use Synvisc if package is opened or damaged. Store in original packaging (protected from light) at room temperature below 86°F (30°C). DO NOT FREEZE.
- Remove synovial fluid or effusion before each Synvisc injection.
- Synvisc should be used with caution when there is evidence of lymphatic or venous stasis in that leg.

Information for Patients

- Provide patients with a copy of the Patient Labeling prior to use.
- Transient pain, swelling, and/or effusion of the injected joint may occur after intra-articular injection of Synvisc. In some cases, the effusions may be considerable and cause pronounced pain; cases where swelling is extensive should be discussed with the physician.
- As with any invasive joint procedure, it is recommended that the patient avoid any strenuous activities or prolonged weight-bearing activities such as jogging or tennis following the intra-articular injection.
- The safety and effectiveness of repeat treatment cycles of Synvisc have not been established.
- The packaging of this product contains dry natural rubber latex.

Use in Specific Populations

- **Pregnancy:** The safety and effectiveness of Synvisc have not been established in pregnant women.
- **Nursing mothers:** It is not known if Synvisc is excreted in human milk. The safety and effectiveness of Synvisc have not been established in lactating women.
- The safety and effectiveness of Synvisc have not been established in children.

ADVERSE EVENTS

Adverse Events Involving the Injected Joint

Clinical Trials

A total of 511 patients (559 knees) received 1771 injections in seven clinical trials of Synvisc. There were 39 reports in 37 patients (2.2% of injections, 7.2% of patients) of knee pain and/or swelling after these injections. Ten patients (10 knees) were treated with arthrocentesis and removal of joint effusion. Two additional patients (two knees) received treatment with intra-articular steroids. Two patients (two knees) received NSAIDs. One of these patients also received arthrocentesis. One patient was treated with arthroscopy. The remaining patients with adverse events localized to the knee received no treatment or only analgesics.

Postmarket Experience

The most common adverse events reported have been pain, swelling and/or effusion involving the injected knee. In some cases, the effusion was considerable and caused pronounced pain. In some instances, patients have presented with knees that were tender, warm and red. It is important to rule out infection or crystalline arthropathies in such cases. Synovial fluid aspirates of varying volumes have revealed a range of cell counts, from very few to over 50,000 cells/mm³. Reported treatments have included symptomatic therapy (e.g., rest, ice, heat, elevation, simple analgesics and NSAIDs) and/or arthrocente... articular corticosteroids have been used when infection was... Patients have rarely undergone arthroscopy or other procedure... generally abate within a few days. Clinical benefit from treat... still occur after such reactions.

Intra-articular infections did not occur in any of the clinical t... have been reported only rarely during clinical use of Synvisc.

Other Adverse Events

Clinical Trials

In three concurrently controlled clinical trials with a total of 11... who received Synvisc and 110 patients who received either ... arthrocentesis, there were no statistically significant differen... numbers or types of adverse events between the group of pa... received Synvisc and the group that received control treatme...

Systemic adverse events occurred in 10 (2.0%) of the Synvis... patients. There was one case each of rash (thorax and back)... ing of the skin following Synvisc injections in these studies. T... symptoms did not recur when these patients received additio... Synvisc injections. The remaining generalized adverse events ... were calf cramps, hemorrhoid problems, ankle edema, muscl... tonsillitis with nausea, tachyarrhythmia, phlebitis with vancos... low back sprain.

Postmarket Experience

Other adverse events reported include: rash, *hives*, itching, *feve... headache, dizziness, chills*, muscle cramps, *paresthesia*, penphe... *malaise, respiratory difficulties, flushing and facial swelling*. T... been rare reports of *thrombocytopenia* coincident with Synvisc... (Adverse events reported *only* in worldwide postmarketing ex... not seen in clinical trials, are considered more rare and are *it...*

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Important information about insurance coverage for Synvisc treatments

Synvisc is usually covered by most insurance plans. Many require that your doctor stock Synvisc. If your doctor doe... not stock Synvisc and he or she writes a Synvisc prescription for you, some insurance plans, including Medicare, m... not cover the cost. Therefore, it is recommended that you ask your doctor if his or her office stocks Synvisc. Procedu... vary from policy to policy, so please check with your doctor and/or your insurer. If you have additional questions abo... insurance coverage, please contact the Synvisc Reimbursement Hotline at 1-800-982-8292. This toll-free number c... be accessed between 9:00 AM and 6:00 PM, Eastern Time, Monday through Friday.

ALLERGIES

Continued

shots are gaining popularity. Although they can be a nuisance, the injections help build resistance to an allergen over time. New data suggests that the shots not only eliminate symptoms and reduce the need for medication, but also may prevent allergies from developing into asthma or keep asthma from becoming more severe.

Leukotriene modifiers These new asthma medications prevent inflammation of the lungs and can be used with inhaled steroids to better control asthma.

Experts are still searching for a simpler way to treat allergies and asthma, and many are enthusiastic about anti-IgE, which neutralizes the antibody that leads to an allergic reaction. "The holy grail for allergists has been a single shot that would permanently cure allergies," says Bob Lanier, M.D., medical director of the North Texas Institute for Clinical Trials, in Fort Worth. "Anti-IgE may be close to that goal." In clinical studies, asthma patients receiving anti-IgE injections experienced fewer asthma attacks and were able to significantly reduce, or even eliminate, inhaled steroids. The high-tech compound could be ap... proved this year by the FDA.

Even without a one-shot cur... there's no reason anyone should su... fer from allergies. "Once you get th... right treatment, you will start to fe... better," says William Berger. That ... what happened with Amy Millima... who now uses an inhaler. She ha... since completed her second marathon... and doesn't feel sidelined by her cor... dition. "I don't let asthma rule m... life," she says. ■

Ronny Frishman is a contributing editor to Ladies' Home Journal.

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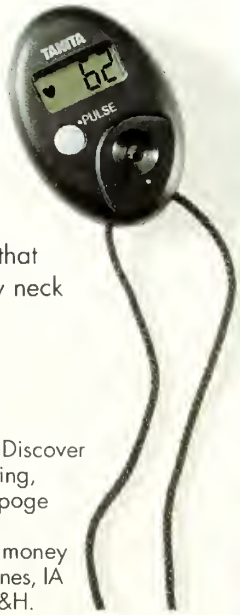


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The disease no one talks about

Why Americans aren't getting help for a chronic condition that's painful, limiting and can ruin your sex life

By Amy Zintl

Q: What medical disorder affects 30 million people, yet is so embarrassing that two thirds of sufferers don't tell their doctors?

A: Irritable bowel syndrome or IBS, a condition that causes debilitating abdominal pain and bowel dysfunction. Many of the people who have it—70 percent of whom are women—say they decline social invitations, pass up job opportunities and limit travel because of their condition. In fact, IBS is a leading cause of absenteeism from work, second only to the common cold.



As many as one out of five Americans suffer from IBS

In February 2000, many women finally found relief from their symptoms with Lotronex, the first drug for IBS approved by the FDA in two decades. Since then, however, Lotronex, which was approved only for women with diarrhea-predominant IBS, has led to 54 hospitalizations, 21 surgical procedures and at least four deaths. Those alarming findings prompted the FDA to recommend strict rules for dispensing the drug, which would allow only gastroenterologists certified by the manufacturer, GlaxoSmithKlein, to prescribe Lotronex. Rather than meet those regulations, Glaxo decided to pull it from the market in November, leaving thousands of patients with no other treatment options. But there may be a silver lining—advances in IBS research that resulted in the development of Lotronex may help experts develop safer, more effective therapies.

The hidden cause of IBS

Mysteriously, the colon of an IBS patient shows no signs of disease, inflammation or infection. But the nerves that line the colon are unusually sensitive to stimuli such as food and gas, causing irregular muscle activity and painful spasms that lead to chronic constipation, diarrhea or other symptoms, including bloating, fatigue, backache and headache. That's why experts now believe that IBS is more of a disorder of the nervous system than one of the stomach or colon.

The exact cause of this hypersensitivity remains elusive. In women, hormones may play a role, since many women report more severe symptoms during the first days of their period.

One theory is that for some, IBS may be an aftereffect of a previous gastrointestinal infection. "It's possible that a virus or parasite caused an infection that in some way damaged the nerves that line the colon," says gastroenterologist Susan Lucak, M.D., assistant professor of clinical medicine at the College of Physicians and Surgeons at Columbia University, in New York City. Other theories suggest that a stressful or traumatic event may *(continued)*

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Despite potentially deadly side effects, some patients still believe Lotronex is a miracle cure

(continued) trigger the disease, since IBS has been associated with physical and even sexual abuse. However, IBS is a biological condition. While symptoms often worsen in times of stress, anxiety or depression, don't let anyone tell you it's all in your head.

Warning signs for women

Unfortunately for women, IBS symptoms may be mistaken for gynecological problems. "The hypersensitivity isn't just in the bowel," says Margaret Heitkemper, R.N., Ph.D., a professor in the School of Medicine and the School of Nursing at the University of Washington, in Seattle. "As many as fifty percent of women with IBS also suffer from painful periods, PMS, fibromyalgia and headaches." More alarming, women with IBS have a higher rate of hysterectomies, appendectomies and cholecystectomies (gallbladder removal). "Some women's conditions are misdiagnosed," says Lucak. "They have surgery, yet still have pain. Then they finally are diagnosed with IBS."

Those who seek medical care for IBS tend to be between the ages of 20 and 40. But getting a diagnosis can be difficult: A recent survey found that it took an average of three years and three doctors to arrive at an IBS diagnosis. If you suspect you might have the disorder, ask your doctor if he's familiar with it or if he will refer you to a gastroenterologist who is—another survey found that only 15 percent of primary-care physicians and 60 percent of gastroenterologists knew the guidelines used to diagnose IBS. A doctor experienced with IBS will try to rule out any other medical conditions by performing a few tests before making a definitive diagnosis.

New treatment options

Although there's no cure for IBS, the good news is that it doesn't lead to more serious conditions such as cancer, and lifestyle changes can make a difference. Eating a low-fat, high-fiber diet, cutting back on dairy products, exercising regularly and reducing stress may ease symptoms. For constipation-predominant patients, taking laxatives and increasing fiber intake may alleviate symptoms, while antidiarrheals and antispasmodics are often prescribed for diarrhea-predominant patients.

Only 15 percent of primary-care doctors know the guidelines used to diagnose IBS

Experts now suspect that serotonin, a hormone that's known for its mood-boosting effects in the brain, may play an important role in stimulating the nerves in the colon. (Ninety-five percent of the body's serotonin is produced in the intestines, only 5 percent in the brain.) That could be why some patients have found pain relief by taking small doses of antidepressants, which reduce sensitivity of nerves in the bowel. "But even at low doses, these drugs may have side effects, such as weight gain and sexual problems," says Lucak.

By targeting a drug's effects on the colon, however, new medications may work without side effects. Lotronex was the first drug to block serotonin through a receptor site in the colon called 5-HT3, thereby reducing bowel sensitivity and decreasing diarrhea, urgency and pain. While experts debate whether Lotronex will make a comeback, they hope that other 5-HT3 blockers will be developed.

In the meantime, drugs that affect a different receptor site are being studied. One mimics the effect of serotonin through the 5-HT4 receptor site to stimulate bowel function and relieve constipation. Called tegaserod, it is also drawing controversy because it may be associated with the formation of ovarian cysts. It could be on the market as early as summer.

Until these drugs are available, patients can only control, but not treat, their condition. A recent survey found nearly a third have tried stress-reduction techniques or alternative medicine, with varying degrees of success. While large-scale research of herbals and IBS has yet to be done, some smaller studies show promise.

Despite the absence of a cure, doctors urge people with IBS symptoms to put aside their embarrassment and seek care, since this might prevent a mild case of IBS from becoming more severe. "Women need to know what they have and what their options are," says gastroenterologist Lin Chang, M.D., associate professor of medicine at UCLA School of Medicine. "They don't have to suffer in silence." ■

Amy Zintl wrote "Wash Colds Away" for the March issue of LHJ.

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THE AGE OF ANXIETY



Stock prices are down, unemployment is up and everyone's worried. Here's a look at how Americans are coping with these trying times, plus how you can stay financially secure

By Michael J. Weiss

On a recent evening, a dozen women and men gathered at the First Trinity Lutheran Church, in Washington, D.C., looking for answers. However, it wasn't the Scriptures the group wanted to discuss, but something decidedly more earthbound. At this weekly meeting of the Capitol Hill Career Support Group, members spent two hours solemnly fretting over résumés, career fairs and job recruiters. When someone opened a box of chocolates to lighten the grim mood, no one took a bite.

"A lot of people are walking around frightened," says Ellie Wegener, executive director of the Employment Support Center, which sponsors several such clubs in the Washington, D.C., area. "Those who haven't been laid off have had their workload doubled, but they won't quit because they know that jobs are becoming harder to get. It's scary."

Welcome to the Age of Anxiety, the result of the first economic downturn of the 21st century. A recent Gallup poll found that 44 percent of Americans worry that their financial situation will worsen in the next year. In February, consumer confidence fell to a five-year low. With pink slips raining on traditional and new-economy companies alike—from Sears to Amazon.com—almost half of Americans know someone who has lost a job in the last year. "People have begun experiencing the 'Am I next?' syndrome," says Brian S. Orol, a certified financial planner in Raleigh, North Carolina, a city hit by a recent wave of layoffs in the technology industry. "Résumés are flying around like crazy."

Making matters worse is that the current doldrums follow the longest stretch of prosperity in U.S. history. During the 1990s—a decade marked by high employment, low interest rates and a booming stock market—we felt flush enough to spend freely, doubling the average total household credit-card balance to nearly $8,000. The national savings rate fell into negative territory. "Too many people were using expensive credit rather than the household budget to support their lifestyle," explains Durant Abernethy, president of the National Foundation for Credit Counseling, in Silver Spring, Maryland. "Many were living beyond their means." *(continued)*



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Today, that giddy [illegible] haunts the nation like a bad hangover. Squeezed by fewer jobs and dwindling savings, we currently have more debt as a percentage of income than at any time in history. Credit counselors report seeing record numbers of clients with maxed-out charge cards. With an economic recovery still out of reach for the time being, millions of Americans are searching for ways to cope with today's financial uncertainties, both in the workplace and at home.



Almost half of Americans know someone who has lost a job in the last year. Says one expert, "People have begun experiencing the 'Am I next?' syndrome"

Fearing the pink slip

Although there's still some debate over whether the current slowdown qualifies as a true recession, that's little comfort to anyone who has been laid off recently. Until January, Trina Hammack, 31, was an assembly-line worker at the Cummins engine factory in Columbus, Indiana. Then, both she and her husband, also a Cummins employee, received termination notices on the same day. Overnight, they watched their $80,000-a-year household income shrink to $576 a week total in unemployment insurance checks, with no severance pay.

With four children ranging in age from 2 to 12, the Hammacks now worry about going broke. They've already drained their savings to pay for mortgage and heating bills, and cut most of the meat from their grocery list to reduce their food costs. "We don't go anywhere or do anything anymore," says Hammack. She's been interviewing at outlet malls, but retail stores don't pay the union wages she used to earn. "The hardest part is calling businesses to ask them for more time to pay off bills," she says. "It's humiliating."

While blue-collar workers are among the first to get hurt when times are tough, this year's slowing economy is also affecting the white-collar set. Peggy Wesley, a former customer-service manager at eToys, lost her job in February, when the company announced that it was shutting down for good. The 38-year-old mother of two had left her job as the pastry chef for the family's small bed-and-breakfast to join eToys when it set up shop nine months earlier near her home in rural Virginia. "It was the Internet, and it was exciting," she says.

The abrupt news of eToys' demise left Wesley more sad than bitter. Her $35,000 salary had provided more than half of the family's income, and the $7,000 she'd invested in the company became worthless after the stock price plunged from $86 a share to a measly 3 cents. "It was awful to lose that money, especially now that we've hit hard times," she says. "All we heard about was how everyone was making a ton of money in the Internet. We felt left out."

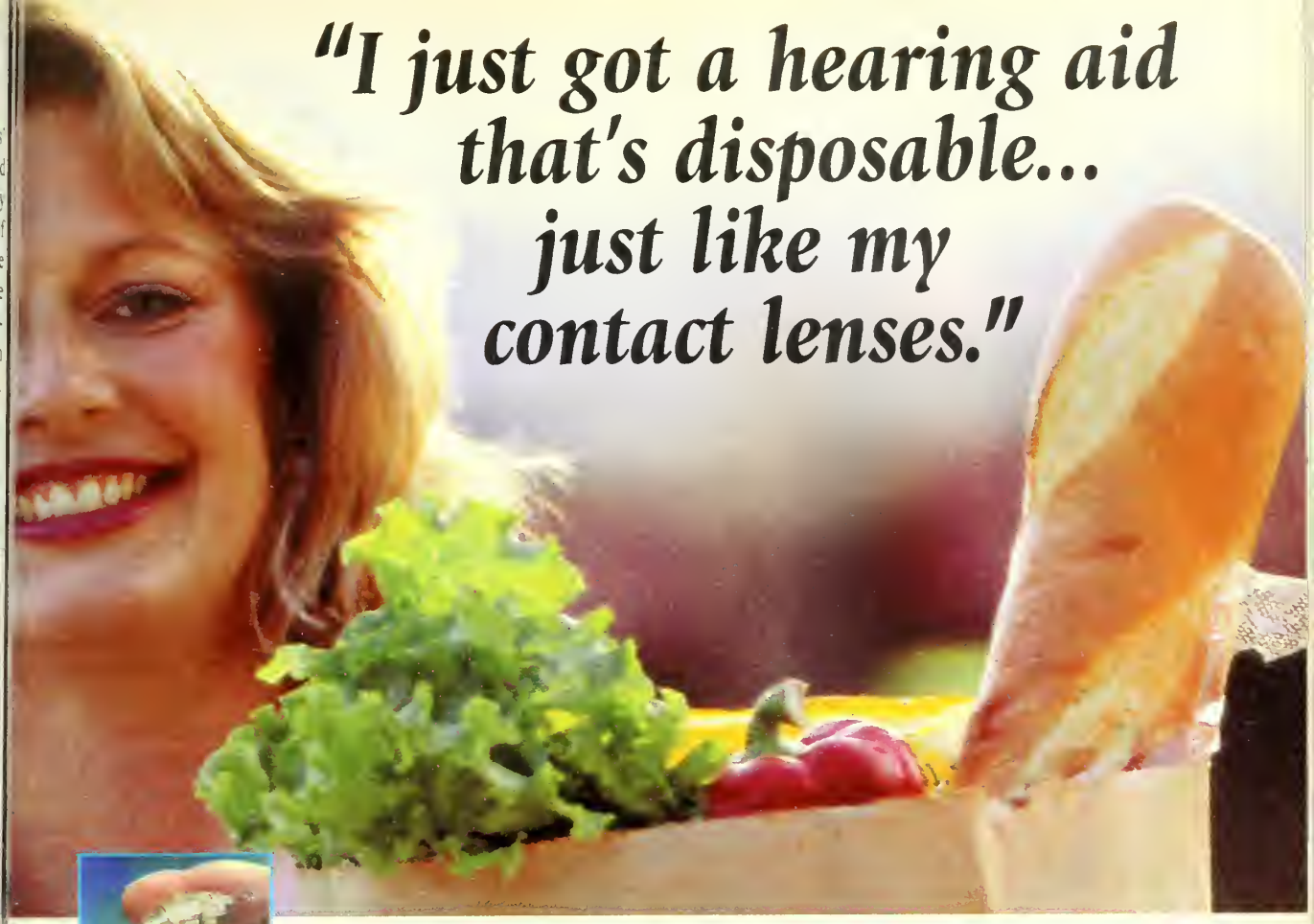
These days, Wesley worries more about scraping together $500 a month for her family's health insurance until she can find a job with good benefits. The family is going ahead with their Florida vacation plans this year, since the airline tickets they bought before the layoffs are nonrefundable. Suddenly, though, a trip seems awfully indulgent. "I figure we'll order three meals in a restaurant and stretch them for four people," says Wesley. "The future doesn't look so rosy."

Such sentiments are becoming commonplace in the Internet industry. In 1998, layoff victim Bill Lessard helped launch NetSlaves.com, a Web site offering job advice and a gripe forum for fellow unemployed techies. The site gets 250,000 hits a week—double the figure from a year ago. "We're like an Alcoholics Anonymous meeting for burned-out dot-commers," says Lessard, who, at 35, is already a veteran of seven tech jobs in as many years. "A lot of them are only twenty-five years old, but they already sound so cynical that it's sad. People feel shell-shocked."

Still working, still worried

Pink-slipped workers aren't the only victims of the current economic slump. Many of those who still have jobs—the so-called "working wounded"—are feeling more and more stressed. Gallup reports that 35 percent of Americans fear that if they lost their job, they'd be unable to find another one just as good. At the same time, seeing co-workers getting their walking papers has left the still-employed feeling weary and worried about the future.

"The ones who are left behind are often overworked and underappreciated," says Sharon Donovan, *(continued)*



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Ph.D., a clinical psychologist in San Francisco who specializes in corporate issues. "And many experience anticipation anxiety. They worry about losing their job, and their work suffers until it becomes a self-fulfilling prophecy."

Emily Dresner-Thornber, a 28-year-old software engineer for a company in Ann Arbor, Michigan, has witnessed those downsizing blues firsthand. After weathering three rounds of firings in four years at a previous job, she began to feel like one of the castaways on *Survivor*. "Morale was extremely low," she says. "The good folks with talent would go after new jobs as soon as they heard layoffs were around the corner. Those of us left behind ended up with more work, and we resented the fact that the managers didn't know what they were doing." Witnessing the third batch of her co-workers axed was the last straw, and she quit in disgust.

Says one expert: "The downturn in the economy is making us say, 'Let's slow down. Let's see what really matters' "

Though her new job pays slightly more than her old one, Dresner-Thornber is fiscally cautious. She still owes $40,000 in college loans and bills from what she describes as her "embarrassingly extravagant" wedding last year. She drives a beat-up Mercury and rarely splurges, except to buy video games. Although Dresner-Thornber doesn't regret working in the Internet industry, she has re-examined her priorities. "This is a wake-up call that there is a life outside of your computer," she says. "The job cannot take the place of family, friends, hobbies or love."

Evidence suggests that economic uncertainty is causing many working Americans to cut back. Retail sales are down, and the stock market slide has left many small investors fe broke. Kim Magnelli and her hus who live in Barrington, Rhode Is have felt compelled to tighten the ily belt, even though both have careers—he's a mail carrier; she insurance-claims investigator—a healthy combined income of $68 They've held off on replacing 12-year-old Toyota, and their di and-movie dates are now a rarity. used to go out all the time, but w cut back," says Magnelli, 37. one's job is safe anymore."

Until the economy brightens, M nelli is "riding out the storm," says, by paying her credit-card bil full and setting aside about 20 per of the household income for savi She does research using investn magazines at the library and relies certified financial planner to ch diversified mutual funds for the fam However, she and her husband do b get for karate lessons and other l luxuries for their 5-year-old daugh Marissa. "As a family, we do sim things," says Magnelli. "But even difficult times, we don't think should deprive your children."

An upside to the downturn

Despite all the uncertainties, so Americans are still finding good ne amid the gloomy headlines. Buyin new car or home has become less e pensive, thanks to fewer competi shoppers and lower interest rat Many companies are still hiring qua fied workers, even as other firms a cutting back. And a number of peop are responding to bleak job prospe and financial insecurities by alteri their approach to saving and explori new career opportunities.

"The silver lining to the econom cloud is that it's forcing people to loo beyond today to decide what they wa to do with their lives," says Stephe Goldbart, co-director of the Mone Meaning & Choices Institute, in Sa Francisco, a company that helps clien deal with the psychological issues tha come with having or inheriting money "The downturn in the economy is mak ing us say, 'Let's slow down. Let's se what really matters.' " *(continued*

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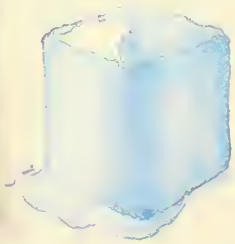


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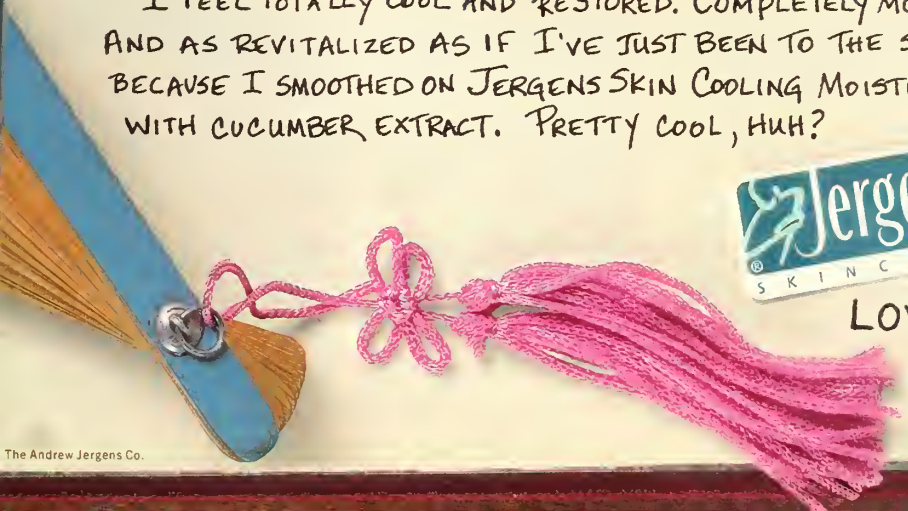




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Sherry Bastion, a 43-year-old divorced mother of two, has considered those very ideas. For five years she held a great job as a Web designer for an Internet start-up. With a $60,000 salary, she spent freely and ran up a whopping $30,000 in credit-card debt. "I didn't worry too much," says Bastion, who lives in Apex, North Carolina. "I felt like I was part of a gold rush."

But a merger made her job expendable, and Bastion, along with 45 other co-workers, suddenly found herself out of work a little more than a year ago. A bonus she had received after the merger helped pay off her debt and, as her former colleagues found work, they began to send her freelance projects. Intrigued by the idea of being her own boss, Bastion launched her own Web-design company, which netted about $85,000 in its fledgling year. "Getting laid off proved to be a blessing in disguise," says Bastion.

Bastion admits that her brush with unemployment has made her more fiscally conservative. She has set aside an emergency savings fund with enough money to see her through six months should she fall on lean times, and she recently hired a financial planner. "I'm not as frivolous as I used to be," says Bastion. "I realize that you can't live like there's no tomorrow."

That same belief prompted Jane Pernicone, a 37-year-old staff-development and training-resource specialist in Cleveland, to put her own financial house in order. Attending a wealth-building seminar co-sponsored by the Consumer Federation of America gave her valuable ideas on saving and spending. Now she sets aside $50 a month from the family's $60,000 household income, earmarking the money for various goals: kitchen appliances, an emergency fund, college tuition for her three kids. Granted, it's not much, but for someone who'd never built a savings account before, it's a good start. "We wanted some successes before we got to the long-range goals," says Pernicone. "First, I need a dishwasher that works."

Since starting the program, the whole family has become thriftier. Pernicone and her husband brown-bag their lunches and make home-cooked dinners rather than going out to family-style restaurants. "Starting a savings plan got us to change our mind-set," says Pernicone. "It made us aware of how we're spending our money and how to cut back. I also hope it's going to make a difference in our kids' lives."

Ultimately, making such cutbacks may not only be the way to cope with an economic downturn, but also to equip us to face any future national financial crises with confidence. Being prepared can keep us from feeling the kind of anxiety that can make bad times seem even worse. ■

Michael J. Weiss is a contributing editor of Ladies' Home Journal.

EXPERT ADVICE FOR UNCERTAIN TIMES

Here are some smart strategies for caping with ecanamic anxiety:

Sharpen your job skills. Take new caurses, research what pasitians are in demand and polish yaur résumé. "The people who da find jabs are the ones who are the most highly skilled," says Bill Lessard of NetSlaves.com.

Keep a cash stash. Experts recammend keeping a savings or maney-market accaunt equal ta three to six manths' worth af living expenses.

Avoid credit-card debt. A huge balance can lead to trauble if your incame is suddenly compromised. Once you've established yaur emergency fund, start paying more than the minimum an yaur credit-card bills ta get out af the hole as saan as possible. (If debt becames a serious problem, contact The Natianal Foundation for Credit Caunseling at 800-388-2227, or visit *www.nfcc.org.*)

Don't panic. Negative thinking can lead to despair."Tell yourself that you can adjust ta the pressures, that you can get another jab," says Sharon Donovan, Ph.D., a San Francisco–based psychologist. "The key is to feel as if you have some control aver the situatian."

Separate your needs from your wants. Take care of essentials like housing and food before spending on things like cigarettes and lottery tickets. But dan't deprive yourself of every pleasure in the name of budgeting. "You can't appraach finances like a diet and cut out all the gaadies," says Karen McCall, founder of the Financial Recavery Caunseling Institute, in San Anselmo, California. "What's a luxury for one person is a necessity far anather."

Stick to a savings plan. Sacramento-based certified financial planner Pamela Christensen advises workers ta put 10 percent af their income inta savings if they can. Take advantage of 401(k) programs, which allaw you to save a partion of yaur salary tax-free. If yaur employer matches cantributions, give the maximum amount—it's like getting free maney.

Stay the course in the stock market. "Buy low, sell high," still halds true. Maintain a diversified portfalio that includes conservative or growth asset allacation mutual funds. "The only thing more painful than watching the value of your investments ga down," says Rhode Island–based financial planner Rabert Veasey, Jr., "is being aut of the market when they go back up again."

Seek balance. "Too many peaple have their self-esteem tied up in their wark," says Stephen Goldbart, ca-director of the Money, Meaning & Chaices Institute. He advacates maintaining an equilibrium between family, work and finances. —*M.J.W.*



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AM I SICK, OR AM I CRAZY?

Scared that every twinge means cancer, or that dire diseases lurk on every pay phone? Join the club

By Judith Newman



It came, as so many scary things do nowadays, in my e-mail: "WHAT THE DOCTOR DOESN'T KNOW CAN KILL YOU!" The message went on to say, "If you were traveling overseas and suddenly became ill, would the doctors treating you know about your medical history or drug allergies? Of course not. But if you sign up now with XYZ.com, a health Web site that offers notification services, we'll provide this valuable information to doctors and hospitals anywhere in the world, which could save your life in an emergency. . . ."

Never mind that I don't have much of a medical history. Never mind that I rarely travel outside the U.S. But when I took one look at this press release, every brain cell screamed: *Must have this!* The Web site's service fee of $10 per e-mail seemed a trifle compared with the peace of mind of knowing that on my next trip to Cameroon, if I'm hospitalized, I won't be given a drug I *may* be allergic to . . . someday.

I am not a hypochondriac. No, really. True hypochondriacs suffer from a serious psychiatric disorder affecting about 4 to 5 percent of all people, in which their preoccupation with death and disease seriously impedes their ability to function in daily life. But I and countless others like me are simply among the growing ranks of the "worried well"—those who respond to the avalanche of information about medicine and wellness with, shall we say, a bit more concern than is strictly necessary.

For someone like me, it is a very small leap from deciding I need to thwart medical disaster in foreign countries to worrying about precisely which horrible ailments are lurking abroad. Which is how I found myself on the Internet's travel-information health page, learning about loa loa, a tiny worm spread by the bite of an infected African deerfly. It reproduces slowly, underneath the skin, until one day, maybe years later, it makes its appearance by crawling out of your eyeball. Imagine: Your boss calls you into his office, you feel something itchy in your eye, and bam—Wormapalooza!

I am never leaving New York City again. At least cockroaches have the decency to flee when they see you.

Why we're all worrywarts (eww—warts!)

While the number of true hypochondriacs has remained relatively steady over the years, the number of healthy-but-nervous folks, according to *(continued)*





hen you've got a *migraine*, get targeted migraine relief.

eral pain relievers are made for general kinds of pain - like back aches or sore muscles. Prescription IMITREX is different. e specifically for migraines, it was the first medicine of its kind believed to target the nerves and blood vessels that trigger your total migraine–the throbbing pain, nausea, sensitivity to light and sound–without drowsiness. Eight million aine sufferers have already discovered IMITREX[1]. If migraines are disrupting your life, tell your doctor. And target your migraine with IMITREX Tablets.

REX is for the acute treatment of migraine attacks in adults. You should not take IMITREX if you have certain types of heart ase, a history of stroke or TIAs, peripheral vascular disease, Raynaud's syndrome, or blood pressure that is uncontrolled. u have risk factors for heart disease, such as high blood pressure, high cholesterol, diabetes, or are a smoker, you need e evaluated by your doctor before taking IMITREX. Very rarely, certain people, even some without heart disease, have had ous heart-related problems. If you are pregnant, nursing, or taking medications, talk to your doctor.

IMITREX is recognized as an effective treatment for migraines by the National Headache Foundation.

NATIONAL HEADACHE FOUNDATION

Educational funding was provided in exchange for recognition by the NHF.

See the important information on the following page.

References: 1. Data on file,GlaxoSmithKline.

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IMITREX® (sumatriptan succinate) Tablets
Patient Information about IMITREX Tablets for migraine headaches
Generic name: sumatriptan succinate
Please read this summary of information about IMITREX before you talk to your doctor or start using IMITREX. No summary can take the place of a careful discussion between you and your doctor. Only your doctor has the medical training and the complete prescribing information necessary to determine if this medicine is right for you. Once you read this summary, you should discuss with your doctor whether IMITREX is appropriate treatment for you and ask any questions you may have.

WHAT IS IMITREX?
IMITREX is the brand name of sumatriptan, a drug intended to relieve your migraine headaches but not to prevent or reduce the number of migraine headaches you'll experience. IMITREX should be used only to treat an actual migraine attack. IMITREX can be obtained only with a doctor's prescription and should be used by adults only after discussing the choice with your doctor, taking into account your individual preferences and medical circumstances.

HOW DOES IMITREX WORK?
How IMITREX works is not completely understood. IMITREX is a 5-HT agonist that seems to relieve migraine headaches by acting like a brain chemical called 5-hydroxytryptamine, causing some blood vessels in the head that are swollen during a migraine to constrict (that is, to become smaller), which helps relieve migraine headache.

IMPORTANT SAFETY CONSIDERATIONS
Although the vast majority of patients who have taken IMITREX have not experienced any significant side effects, some patients have experienced serious heart problems and, rarely, considering the extensiveness of IMITREX use worldwide, deaths have been reported. In all but a few instances, however, serious problems occurred in patients with known heart disease, and it was not clear whether IMITREX was a contributing factor in these deaths.
Serious events relating to the blood vessels in the head (e.g., brain hemorrhage, stroke) have been reported in patients who were taking IMITREX. Some of these have resulted in death; however, the relationship of IMITREX to these events is uncertain. In a number of these cases it appears possible that patients were not experiencing a migraine but rather an event due to blood vessel disease in the head. IMITREX was given in the incorrect belief that the person may have been suffering a migraine. Therefore, you should not take IMITREX if the headache you are experiencing is different from your usual migraine attacks. People who suffer from migraines may be at increased risk of certain blood vessel events in the brain (e.g., hemorrhage, stroke, or transient ischemic attack).
Ask your doctor about these and additional safety considerations.

WHO SHOULD NOT TAKE IMITREX?
Some types of migraine headaches should not be treated with IMITREX, and some patients should not take IMITREX because of an increased risk of serious side effects.

- If you have had a heart attack, stroke, transient ischemic attacks, peripheral vascular disease (including ischemic bowel disease or Raynaud's syndrome), or any sort of heart disease or symptoms that are associated with constriction of blood vessels, such as ischemic heart disease, angina, or coronary artery vasospasm, you should not use IMITREX.
- If you have uncontrolled high blood pressure, you should not use IMITREX.
- If you are taking certain drugs for depression, talk with your doctor. IMITREX should not be used if you take or have taken within the last 2 weeks monoamine oxidase inhibitors (MAOIs).
- Your doctor will discuss with you the type of migraine headaches you have. If you have hemiplegic or basilar migraine, you should not take IMITREX. IMITREX should be used only in patients who have been diagnosed by a physician as having migraine with or without aura.
- Tell your doctor about any other medications you are taking. If you are currently taking any migraine medications that include ergot alkaloids, such as methysergide or dihydroergotamine, or other 5-HT agonists, do not take IMITREX within 24 hours of taking these medications.
- Do not take IMITREX if you are allergic to sumatriptan or any of the ingredients in IMITREX.
- If you have severe liver disease, you should not use IMITREX.

WHAT MEDICAL PROBLEMS OR CONDITIONS SHOULD I DISCUSS WITH MY DOCTOR?

- If you have risk factors for heart problems, you should tell your doctor. Your doctor should examine you for heart disease to see whether IMITREX is appropriate for you. Risk factors include high blood pressure, high cholesterol, obesity, diabetes, and smoking. Other patients with risk factors for heart disease are women who are past menopause (whether natural menopause or menopause resulting from surgery), men over 40 years old, or patients with a family history of heart disease. If you have risk factors and your evaluation for heart disease is satisfactory, your doctor may ask you to take the first dose of IMITREX in the doctor's office.
- Tell your doctor if you have chest pains, shortness of breath, or irregular heart beats.
- Tell your doctor if you are taking selective serotonin reuptake inhibitors (SSRIs).
- Tell your doctor if you have a history of epilepsy or seizures.
- Tell your doctor if you have liver or kidney problems.
- Tell your doctor if you have ever had to stop taking any medication because of an allergy or other problems.

USE OF IMITREX DURING PREGNANCY AND BREAST-FEEDING
Do not take IMITREX if you are pregnant, think you may be pregnant, are trying to become pregnant, are not using adequate birth control methods, or are breast-feeding, unless you have discussed this with your doctor.

HOW TO USE IMITREX TABLETS
For adults, the usual dose is a single tablet taken whole with fluids. A second tablet may be taken if your symptoms of migraine come back or if you have partial response to the first dose, *but no sooner than 2 hours after taking the first tablet.* For a given attack, if you have no response to the first tablet, do not take a second tablet without first consulting with your doctor. Do not take more than a total of 200 mg of IMITREX Tablets in any 24-hour period.
The safety of treating an average of more than four headaches in a 30-day period has not been established.

WHAT ARE THE POSSIBLE SIDE EFFECTS OF USING IMITREX?
Do not rely on this summary alone for information about side effects. Your doctor can discuss with you a more complete list of side effects that may be relevant to you. The most frequently seen side effects are tingling and warm/cold sensations with IMITREX Tablets.

- Some patients feel pain or tightness in the chest or throat when using IMITREX. If this happens to you, discuss it with your doctor before using any more IMITREX. If the pain is severe or does not go away, call your doctor immediately.
- If you have sudden or severe abdominal pain after taking IMITREX, call your doctor immediately.
- Shortness of breath, wheeziness, heart throbbing, swelling of the eyelids, face, or lips, or a skin rash, skin lumps, or hives happen rarely, but if they happen to you, tell your doctor immediately. Do not take any more IMITREX unless your doctor tells you to.
- Some patients have feelings of tingling, heat, flushing, redness of the face lasting a short time), heaviness, or a feeling of pressure after taking IMITREX. A few patients may feel drowsy, dizzy, tired, sick. Tell your doctor about these effects at your next visit.
- If you feel unwell in any other way or have any problem that you do not understand after taking IMITREX, tell your doctor immediately.

WHAT SHOULD I DO IF I TAKE AN OVERDOSE?
If you have taken more medication than you have been told, contact either your doctor, a hospital emergency department, or the nearest poison control center immediately.

HOW SHOULD I STORE IMITREX?
Be sure to keep your medicine in an area that cannot be reached by children. It may be harmful to children.
IMITREX Tablets should be stored at room temperature and do not require refrigeration. Do not store above 86° F (30° C) or below 36° F (2° C). Store away from heat and light. If your medication has expired (the expiration date is printed on the label), throw it away as instructed. If your doctor decides to stop your treatment with IMITREX, do not save any leftover medication unless your doctor tells you to do so. Throw it away as instructed.

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CK OR CRAZY?

ntinued

dical professionals, has skyrocketed. many as 50 percent of all people o visit doctors don't really need atment, says Ted Marmor, Ph.D., a ofessor of public policy and manage-nt at Yale University, in New ven, Connecticut. "The worried well those with a predisposition to fret, o are responding to information out medicine in the media," he adds.

Many of the worried well often turn the Internet for health information. oblem is, it also can be a vast source *mis*information. There are scores of edical Web sites out there, some run reputable sources, some less reli-le. And for someone already anx-us, even casual browsing can stir up w concerns. By typing in my current orry—"preoccupation with food"—I scovered Prader-Willi syndrome, a netic disorder characterized in part an insatiable appetite. (Gee, that uld explain so much. . . .)

Adding to the information overload are the countless scare-of-the-week TV newsmagazine shows. A tiny sampling of some recent segments: Can Your Storm Shelter Survive Killer Tornadoes? How Safe Are 18-Wheeler Trucks? What's in Your Water? What's in Your Ground Beef? Is Your Airplane Dangerous? Dangerous Roads and (detecting a theme yet?) Are You On the Road to Danger? They might as well call these programs *Everything Can Kill You.*

As if all that weren't enough to induce lifelong terror, prescription medications for everything from impotence to heart disease are being advertised to the average consumer for the first time ever. Naturally, the worried well assume the drugs are just what they need.

"People who are overly concerned about their health will come to me, demanding to know why I haven't prescribed this or that," says Steven Weinreb, M.D., an internist in West Hartford, Connecticut. "They'll have only the information provided by a thirty-second ad, but they'll feel that whatever that drug is, it's got to be the latest and greatest. I spend a lot of time explaining my rationale to them."

Not that he really minds. Weinreb believes that it's part of a doctor's job to reassure overly anxious patients. "If people come to me with vague symptoms, I know that what they really want is validation," he says. "They may be exhausted or stressed, and they need a doctor's permission to get out of the rat race for a few days."

Name that hypochondriac

There are essentially three breeds of worried well. There's the Just-to-Be-Sure type, like my friend Nancy, who always has "one more question" for her doctor. Unlike serious hypochondriacs, she doesn't jump from specialist to specialist until she gets the answer she wants. Still, Nancy schedules mammograms the way other people schedule hair appointments. Not that there's any history of breast cancer in her family; she just likes to stay on top of things. Then there's the Pap *(continued)*

(continued) smear four times a year, the twice-yearly heart-stress tests, the bone scans for osteoporosis—all to ease her fears for a few months until the next doctor's visit.

"I think my worry has served me very well," says Nancy, cheerfully. "Being scared of death is sort of an evolutionary adaptive mechanism. We need to be alert to keep alive. Of course," she admits, "I'm just, um, a little more alert than most people."

The second type of worrier is the By-Any-Means-Necessary kind. These are the ones who spend their lives avoiding everyday "hazards." Laurie, a music composer, can tell you precisely how and where bacteria grow in public places. "Pay phones? I invariably get colds when I use them," she says. "Subways? I can't hold on to the straps. Public bathrooms? I have incredibly well-developed thigh muscles from years of squatting." In restaurants, Laurie insists that her food be cooked almost to the point of inedibility. Curiously, she still relishes sushi—"although I know one of these days I'm going to swallow one of those fish tapeworms."

The By-Any-Means types are probably the biggest consumers of herbal remedies like antioxidants, spirulina, blue algae and green tea. For all their fretting, these types somehow believe they have control over their own fates. Given a great deal of self-care, they believe they'll probably live forever.

Not so for the class of worried well I belong to, the Fatalists. We believe that we've been pretty healthy so far out of pure dumb luck, but that eventually our good fortune will run out. Many of us, rather than welcoming doctors and medicine into our lives, actively shun them. The thinking goes: Lots of things cause disease, and doctors test for disease; therefore, doctors cause disease.

"People tend to think that the worried well are constantly visiting doctors," says Brian Fallon, M.D., an associate professor of clinical psychiatry at Columbia University, in New York City, and co-author, with Carla Cantor, of *Phantom Illness: Recognizing, Understanding and Overcoming Hypochondria* (Houghton Mifflin, 1997). "In fact, there are just as many who are into total avoidance, which tends to strengthen fears."

Irrationally, we avoiders find comfort in jumping from the most benign symptom to the worst-case scenario. For instance, if lung cancer is the first thing we think of when we develop a cough, chances are good we'll be wrong. (Hey, we never said all this makes sense; just that it makes us feel better.)



Can herbs and vitamins help you live forever? The "worried well" believe they can

How to stop chronic worrying and start... worrying less

Of course, true hypochondriacs do have a serious problem, so those who believe they may fit this category should seek professional help. Treatment these days generally involves both cognitive therapy and medication.

But for those of us who are only marginally obsessed with our health, it would probably help if we stopped reading every new study or special report that comes over the transom. Time tends to sort out the legitimate worries (smoking) from the Flavor-of-the-Month scares.

Ironically, coming down with a genuine ailment can stop us from fixating on other health matters. Gene Weingarten, an editor for *The Washington Post* and author of *A Hypochondriac's Guide to Life. And Death* (Simon & Schuster, 1998), has hepatitis C, a chronic and potentially life-threatening liver disease. (New treatments have put his disease in remission.) "Getting something that could really kill you puts all your former worries in perspective," he says. "It's the instant cure for hypochondria."

But try as we fretters may to relax, there's one key factor most of us have in common, and this one is pretty much inescapable. If you're unduly worried about your health, chances are you have a parent, grandparent or other relative with similar concerns. My aunt, for example, has made it her life's work to send medical articles to everyone in the family. Basically all their titles read like this: "[NAME OF FORMERLY INNOCUOUS SUBSTANCE HERE] Can Lead to Deadly [NAME OF VULNERABLE BODY PART HERE] Disease."

I was recently talking about this gloom-and-doom clipping service with my mother, who immediately rushed to my aunt's defense. "Lots of those stories turn out to be true!" my mother said. "Well, some of them."

A lifelong fretter herself, Mom then reminded me for the umpteenth time what she wants carved on her tombstone: "I *told* you I was sick." ■

Judith Newman is a frequent contributor to Ladies' Home Journal.



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"I survived a heart attack while pregnant"

I was only 35—and seven months pregnant with twins—when I went into cardiac arrest. Doctors had to figure out how to save all three of us—fast

By Eliz Greene, as told to Cynthia Hanson. Photographs by Mark Hoffman



Four-month-old Callie (left) and Grace are healthy and happy

When the heartburn struck last November 12, I didn't give it a second thought. I'd been suffering from the condition since I'd arrived at St. Joseph's Hospital in Milwaukee in mid-October, 35 years old, six months pregnant with twins and experiencing severe preterm contractions. To prevent early delivery, I spent my days in bed, listening to music, watching TV and counting the minutes until my husband, Clay, arrived to keep me company while I had dinner. Even sitting could trigger contractions, so I ate in a reclined position that made digestion difficult and heartburn common.

That morning, when I felt the pressure swell under my sternum, I immediately rang for my nurse, Nancy Mahn, R.N., to bring an antacid. But moments later, I started to vomit and my chest began to ache—more so than before. As I rang for Nancy a second time, my breathing became labored, a stabbing pain shot through my chest and nausea once again overwhelmed me. This was no typical bout of heartburn.

Seeing Nancy's sober expression made me even more frightened. She helped me get back into bed while another nurse, Pat Brueck, R.N., went to find a doctor. Pat soon returned with the obstetrician on call, Margaret Carr, M.D.

A stabbing pain shot through my chest, and nausea overwhelmed me. This was *not* heartburn

"I'm going to throw up again," I moaned, as Dr. Carr asked me about my symptoms.

Within 10 minutes, about 20 people were swarming around my bed, trying to figure out why I was nauseated and how they could stop it. I heard someone call for a chest X ray and another order a blood test. I saw a respiratory therapist arrive with the crash cart, which contains a defibrillator to revive a failing heart. Then I turned to Nancy, who was watching the babies' heart rates on a fetal monitor.

(continued)

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Pfizer

Please see important product information on adjacent page.

Diflucan 150-mg
(fluconazole tablet)

for vaginal yeast infections due to *Candida*

Summary of patient information about DIFLUCAN (Di-flū-can), fluconazole (flū-con-a-zol)

PLEASE READ THIS BEFORE USING DIFLUCAN for the treatment of vaginal yeast infections due to Candida.

Pfizer wants you to know as much as possible about your medicines. The purpose of this summary is to inform you about DIFLUCAN and its use in the treatment of vaginal yeast infections. However, no summary can take the place of a discussion between you and your doctor or other healthcare professional. Your doctor has been provided with full prescribing information for DIFLUCAN, upon which this summary is based. You may want to read it and discuss any questions you may have.

What is a vaginal yeast infection?

In the vagina, yeast and bacteria live together in a balance that limits the excessive growth of either. When this normal balance is upset for any reason, an infection can occur. Changes within the vagina can be caused by increased moisture, as may happen during prolonged exposure to wet clothing or sweaty exercise outfits.

In addition, some medical conditions and certain medicines can increase the chances of getting a yeast infection. Specifically, the chances of getting an infection are higher in women who are pregnant, diabetic, using birth control pills, or taking antibiotics. Vaginal infections are common, and an estimated 75% of all adult women have at least one vaginal yeast infection in their lifetimes.

Vaginal yeast infections are uncomfortable and may cause itching, burning, and soreness. When infected, the lining of the vagina becomes inflamed (a condition known as vaginitis) and the vaginal area reddens. An increase in vaginal secretions is also common during yeast infections, and some women have a thick, white discharge.

What is *Candida*?

Most yeast infections are caused by a type of fungus called Candida. It is normal for the *Candida* yeast to live in the human body.

How does DIFLUCAN work against a yeast infection?

DIFLUCAN is an antifungal agent that works by interfering with the yeast's normal growth process. Because of this action, DIFLUCAN effectively cures most vaginal yeast infections due to Candida.

Who should NOT take DIFLUCAN?

DIFLUCAN should not be taken by anyone known to be allergic to fluconazole, the active ingredient, or to any of the inactive ingredients listed at the end of this Summary. Also, you should tell your doctor or other healthcare professional if you are allergic to any other medicines. Do not take DIFLUCAN if you are taking the medicine cisapride (Propulsid).

How should I take DIFLUCAN and what should I expect?

DIFLUCAN for vaginal yeast infections is a 150-mg tablet that is taken by mouth. Most patients can expect to see the beginning of symptom relief within 24 hours of taking the tablet. As DIFLUCAN works to cure the infection over a period of days, symptoms will gradually lessen and eventually disappear.

DIFLUCAN can be taken anytime—day or night, with or without meals. You should take it as soon as possible, by mouth, to ensure the earliest relief. If the symptoms have not started to go away within 3 to 5 days, you should contact your doctor or other healthcare professional.

Possible side effects

In US clinical studies of 448 patients taking a single dose of DIFLUCAN for vaginal yeast infections, the most common side effects reported were headache (13%), nausea (7%), and stomach pain (6%). Other side effects reported were diarrhea (3%), indigestion (1%), dizziness (1%), and changes in the way food tastes (1%). Overall, 26% of patients taking DIFLUCAN reported side effects, compared with 16% of 422 patients using vaginal products. You may want to discuss with your doctor or other healthcare professional whether the convenience of a single oral dose outweighs the increased risk of side effects compared with other treatments that are applied directly in the vagina. You should also tell your doctor or other healthcare professional about any side effects you do experience.

Important warnings and precautions

Follow your doctor's directions about how to take DIFLUCAN, and be aware of the following points:

- If the symptoms of your vaginal yeast infection have not improved within 3 to 5 days, contact your doctor or other healthcare professional.
- DIFLUCAN has not been studied in pregnant women. If you are pregnant, your doctor should prescribe DIFLUCAN only if the benefit to you justifies the possible risk to the fetus.
- Because DIFLUCAN passes into human milk, you should not take DIFLUCAN while nursing.
- Be sure to tell your doctor and other healthcare professionals about all the medicines you are taking—prescription, nonprescription, and vitamins. They know about possible interactions between medicines and are best able to prevent them. DIFLUCAN may interact with certain birth control pills, cimetidine (Tagamet), hydrochlorothiazide, antacids, rifampin, warfarin (Coumadin), phenytoin (Dilantin), cyclosporine (Sandimmune), zidovudine (Retrovir or AZT), theophylline, terfenadine (Seldane), cisapride (Propulsid), astemizole (Hismanal), rifabutin (Mycobutin), tacrolimus (Prograf), and oral antidiabetic medicines. If you are not sure whether you are taking any of these medicines, check with your doctor, pharmacist, or other healthcare professional.
- DIFLUCAN has been connected to rare cases of serious liver damage, including deaths, primarily in patients with serious underlying medical conditions.
- Rare cases of anaphylaxis (a severe allergic reaction) have been reported, as well as rare cases of a severe skin disorder.

Cancer and impairment of fertility

Like most prescription drugs, DIFLUCAN was required to be tested on animals before it was allowed for human use. Often these tests are designed to achieve higher drug levels than humans achieve at recommended dosing. In these tests, benign liver tumors were observed in some of the male animals and a complicated labor/delivery was observed in some female animals. Your healthcare professional can tell you more about how drugs are tested on animals and what the results of these tests mean about safety for you.

Pediatric use

One-dose DIFLUCAN treatment for vaginal yeast infections due to Candida has not been studied in children. When multiple-dose DIFLUCAN was used for the treatment of other infections in children up to the age of 17 years, the most commonly reported side effects were vomiting (5%), stomach pain (3%), nausea (2%), and diarrhea (2%).

Active ingredient: Each tablet contains 150 mg fluconazole.

Inactive ingredients: Microcrystalline cellulose, dibasic calcium phosphate anhydrous, povidone, croscarmellose sodium, FD&C Red No. 40 aluminum lake dye, and magnesium stearate.

Caution: Federal law prohibits dispensing without a prescription. You must see a doctor to receive a prescription.

If you have any questions or want more information about DIFLUCAN for the treatment of vaginal yeast infections, talk to your doctor or other healthcare professional.

Pfizer U.S. Pharmaceuticals

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FIRST PERSON
Continued

And that's all I remember: moment, my heart stopped.

The Inconceivable Truth

Though Clay and I got marr 1991, we decided to wait until ished law school and became lished at a firm to start a fa Meanwhile, I enjoyed my care dance instructor at a Catholi school. In 1996, when I was tried to conceive, and after ma successful attempts, it was cle we had a problem. A test foun my cervical mucus was host Clay's sperm, killing them on c and eliminating any chance fo ception. My gynecologist sent u fertility specialist, who prescrib drug Clomid to stimulate my o to produce more eggs and re mended a procedure called uterine Insemination (IUI) to b the hostile mucus.

Month after month, I'd g hopes up—only to have them d when my period arrived. So, afte sulting three fertility specialists i years and investing more than $1 on a dozen failed inseminations, cided to take a break from fe treatments. Then, in early 19 friend suggested K. Paul Kata Ph.D., M.D., a reproductive en nologist with the Advanced Ins of Fertility at St. Luke's Hospit Milwaukee. The moment I met knew I was in the right hands. an ultrasound, Dr. Katayama sured my cervix and found a cyst at the top that would obstr catheter used in the IUI proced and block Clay's sperm fro uterus. In all that time, I'd never chance of becoming pregnant at a

In November, Dr. Katayama formed an insemination that passed the cyst. Yet that IUI att also failed. I wanted to give u good. But four months later, wit couple weeks of completing ye other round of treatment, I felt l headed and severely premenstr went to my doctor's to take a nancy test. *(conti*

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(continued) Just a few hours later, the nurse called. Her news made my jaw drop and my eyes open wide. Standing across the kitchen, Clay smiled and excitedly whispered, "What? What?"

"I'm pregnant," I mouthed back, still on the phone, but oblivious to what the nurse was saying.

For a few moments, Clay and I just stared at each other. Somehow, we ended up on the floor, hugging and crying. It didn't seem possible that we were going to be parents.

The Pregnant Pause

From the start, I was cocky about my pregnancy—I even planned on dancing until my due date, New Year's Day 2001. At 5 feet 3 inches and 135 pounds, I was muscular and physically fit. In early May, an ultrasound revealed that I was carrying twins. Clay and I were thrilled—we had always wanted two children.

But my pregnancy didn't progress as smoothly as I'd expected. I had morning sickness so severe that I once threw up 19 times in just 12 hours. And my stomach got so gigantic that by the beginning of the third month I had to wear an elastic harness, called a prenatal cradle, to support my bulging belly. (By the time I delivered, I'd packed on 55 pounds.)

In July, when I started spotting and having contractions, my obstetrician, Dennis Worthington, M.D., a high-risk-pregnancy specialist, assured me this was a common occurrence for women carrying multiples and restricted my activity to walking and stretching. But by the beginning of the school year the contractions became so frequent—sometimes as many as six an hour for hours at a time—as well as so painful that I had to take a medical leave from work. Dr. Worthington wanted to delay my labor until 37 weeks—full term for twins—to increase the likelihood that the babies would have fully developed lungs and decrease the possibility of brain hemorrhage during delivery.



I'll always be grateful to Dr. Balkhy (left, with Grace) and Dr. Carr (with Callie) for their quick thinking and incredible teamwork

Everything changed in October, when Friday the 13th lived up to its reputation. That morning, I had contractions that were seven minutes apart. Frightened, I went straight to the hospital with Clay and received IV fluids that slowed the contractions. Once they were 20 minutes apart, I was discharged.

But two hours later, the contractions returned with a vengeance. Coming every two minutes, they were so excruciating I could feel them in my face—a sure sign I was in labor. I was terrified: Because I was only 28 weeks pregnant, the babies would suffer respiratory difficulties or other problems if they were born so prematurely. Clay rushed me back to the hospital, and fortunately, doctors stopped the contractions with a different combination of medications. This time, Dr. Worthington admitted me for round-the-clock monitoring for the duration of my pregnancy.

Code Four

I was never more thankful for that decision than on November 12, when I was 32 weeks along. The doctors had never seen a pregnant woman go into cardiac arrest, and from the instant my heart stopped, the cardiac and obstetric specialists worked as a team, consulting each other on every decision.

For 10 full minutes I didn't have a pulse while the doctors determined the best plan to save all of our lives. With time running out, they decided to shock my heart back to a normal rhythm—and hoped the babies would survive.

Thirty seconds after the cardiologist on call, Richard Wakefield, M.D., administered 200 joules of electrical discharge, the babies' heartbeats returned to normal, color came back to my cheeks, and I opened my eyes—just in time to see a panic-stricken Clay walk in. Having each procedure explained to me helped me stay calm from then on. Still, I wondered what had happened while I was unconscious—and a breathing tube kept me from asking.

At that point, the doctors performed a cardiac catheterization to determine why I'd had a heart attack and discovered that an artery had torn. (Because I don't have cardiovascular disease, high cholesterol or high blood pressure, my doctors now think the tear could be linked to increased blood volume during pregnancy or hormonal changes.) Husam Balkhy, M.D., the cardiothoracic surgeon on call, then recommended an immediate triple bypass; Dr. Carr, also a high-risk-pregnancy specialist, decided to deliver the babies first.

"I didn't know whether the babies could survive your surgery," she later explained. "But I knew they could survive an emergency C-section."

As Dr. Balkhy's team *(continued)*

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prepped me for a beating-heart bypass (a relatively new procedure that doesn't involve a heart-lung machine). Dr. Carr performed the C-section in four minutes flat. Grace, who was born at 2:42 P.M., weighed in at 4 pounds, 11¾ ounces. Callie, who followed a minute later, was 3 pounds, 15 ounces. The heart surgery lasted five hours—and went off without any complications.

At about 11 P.M., after the anesthesia had worn off and I'd been moved from the recovery room to the intensive-care unit, a beaming Clay handed me pictures of our babies. I was ecstatic, but it wasn't until an hour later, when the breathing tube was removed from my throat and I could talk, that I was finally able to ask him exactly what had happened.

"You had a heart attack," he said.

"Did they do CPR?"

"Yes."

"Did they shock me?"

"Yes."

And that was all the information I could handle.

Mended Heart

Since I was still hooked to machines after my surgery, I wasn't able to visit the girls in the neonatal ICU until the next day. Choking back tears, I reached my fingers through the portholes in their incubators and held their tiny hands and feet. Miraculously, they were unaffected by my heart attack and the treatment I received. Doctors even told us that Grace and Callie were big for preemies.

I was discharged 10 days later, but the girls stayed in the hospital for three weeks—and ran up a bill of $70,000, which will be covered by insurance. (My bill was about $100,000.) During that time, Clay and I went to the hospital every day to learn how to feed and care for them properly.

The girls' homecoming was thrilling, but a little scary, too. Fortunately, my mother came from Minneapolis for a couple of months; friends and neighbors brought food and offered help.

Over time, Clay and I have developed

Desperate, the doctors decided t shock my heart back to a normal rhythm—and hoped the babies would survive

a manageable routine. I'm happ report that the girls are now slee through the night—and so ar They've also gained weight rapidl

As for me, I'm expected to m a full recovery. I see Dr. Wake every two months for checkups, will take two medications—the b blocker Toprol to keep my h from beating too fast and the bl thinner Warfarin to keep a clot f forming in a small part of my h that was damaged by the h attack—indefinitely. But sin don't have heart disease, I hav had to make any lifestyle adj ments. I'm also not at risk for an er heart attack unless I get pregr again, which I don't plan to do. build strength, I'm working out ery day, either lifting weights, rid my stationary bicycle or pushing girls' stroller through the local m Truthfully, I feel great; just not q strong enough to dance.

I waited so long to be a mot that it seems impossible that dream has finally come true. some days, when Grace and Ca are screaming to be fed at the sa time, I feel completely unprepa for the exhausting job of moth hood. But when they smile at me feel as though being a mother is job I was born to do, because nothi has ever made me more conte When the girls are school-age, I'll back to teaching. But, for now couldn't be happier. I have a lovi husband, two beautiful daughters, supportive family, caring friends a a new appreciation for life—and of its wonders. ■



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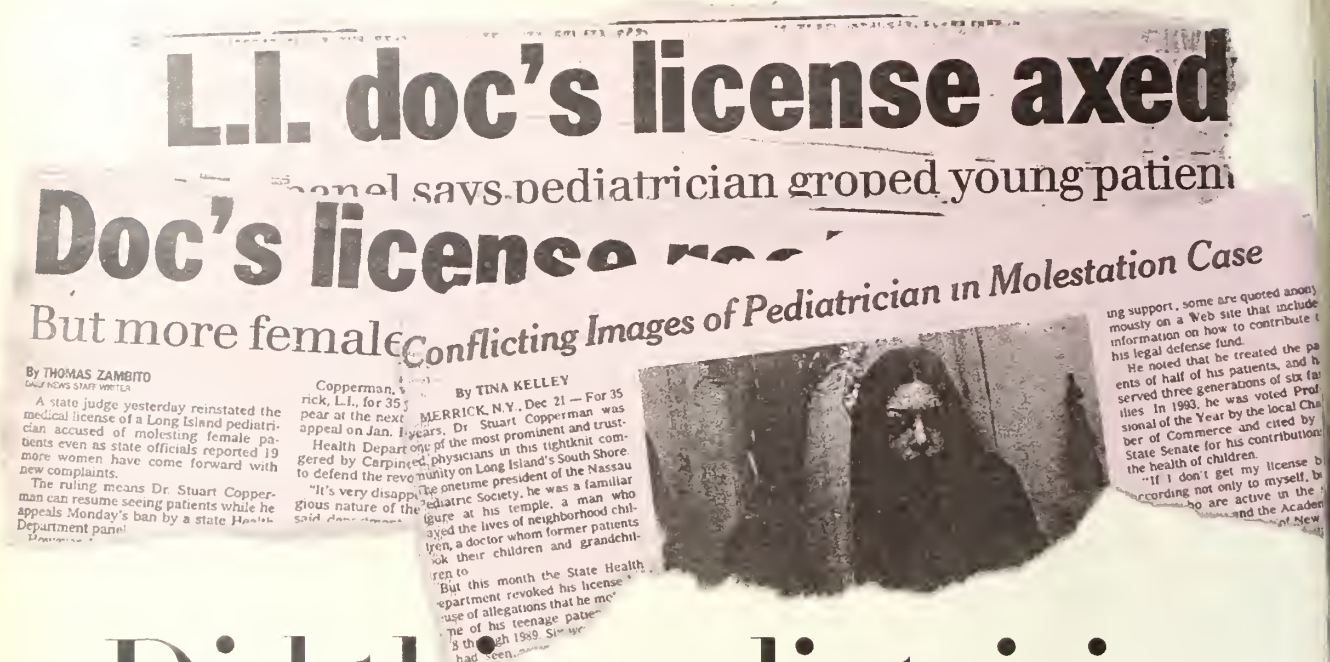
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L.I. doc's license axed

...anel says pediatrician groped young patient

Doc's licence ...

But more female...

Conflicting Images of Pediatrician in Molestation Case

By THOMAS ZAMBITO

A state judge yesterday reinstated the medical license of a Long Island pediatrician accused of molesting female patients even as state officials reported 19 more women have come forward with new complaints.

The ruling means Dr. Stuart Copperman can resume seeing patients while he appeals Monday's ban by a state Health Department panel.

By TINA KELLEY

MERRICK, N.Y., Dec 21 — For 35 years, Dr. Stuart Copperman was one of the most prominent and trusted physicians in this tightknit community on Long Island's South Shore. The onetime president of the Nassau Pediatric Society, he was a familiar figure at his temple, a man who saved the lives of neighborhood children, a doctor whom former patients took their children and grandchildren to.

But this month the State Health Department revoked his license because of allegations that he molested one of his teenage patients through 1989. Six women had been...

Did this pediatrician molest his patients?

For almost 40 years, parents on Long Island brought their children to this trusted and well-liked pediatrician. But dozens of his former patients claim that he had a very dirty secret By Mark Stuart Gill

One April afternoon in 1970 has haunted 46-year-old Lynne Tanzman all her life. Back then, she was a teenager in Merrick, New York, when she pulled a hamstring. She went to see her pediatrician, Stuart Copperman, M.D., whose office was just a few blocks from her house.


Dr. Copperman denies the allegations

Copperman, a onetime president of the Nassau Pediatrics Society, was one of the most prominent and popular pediatricians on the South Shore of Long Island. Tanzman liked the charming doctor, who really seemed to understand and care about kids. In fact, her family was close to the Copperman family. Tanzman baby-sat for the doctor's children; Copperman was a guest at her sister's wedding.

But that afternoon in his office, when Copperman finished checking Tanzman's hamstring, she says he asked her to take off her underwear. "You know," Tanzman says he told her, "your body is going through adolescent changes. It's prone to infection. I need to have a look-see. I want to teach you how to wash properly and make sure you're clean."

Tanzman thought this was odd. "I wasn't there for a general checkup," she says. But she did as she was told. She alleges that Copperman touched her genitals, then proceeded to put his fingers inside her. "I was in shock," recalls Tanzman. "Walking home, I still felt his fingers in me. But I told myself, 'He's the doctor. That's what he's supposed to do.'"

The ultimate betrayal?

Tanzman is just one of dozens of women who say they were molested by the town's most trusted pediatrician when they were teenagers or young adults. Several of the women report in interviews that Copperman hugged them too tightly, made inappropriate comments about their bodies, and in the privacy of the exam room, was often brazen.

Thirty-two-year-old Jeanna Limmer was a patient of *(continued)*

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(continued) Copperman 10 years after Lynne Tanzman. According to Limmer's mother, Elaine, when her daughter was 12, Copperman said that he would need to speak with Jeanna alone during her physical exam the following year. "There are personal things that many adolescents can't discuss in front of their parents," she says he explained.

The next year Elaine did as the doctor asked and left the exam room. Jeanna remembers that after her mother left, Copperman told her she had a fungus on her vagina that needed to be scraped off. "I have to teach you how to wash properly," he allegedly said, rubbing her genitals and clitoris for several minutes.

She says that the same thing happened at her next exam. "I didn't understand," says Jeanna. "I was washing myself. I thought I was just dirty and it was something I had to deal with."

In 1983, when Jeanna, then 15, went to Copperman for her annual exam, she was relieved because she was having her period. She told her mother that Copperman usually examined her genitals, but that she didn't want him to do so this time. Elaine instructed the doctor, "You can't examine her there today."

On the way home, Jeanna started to cry. "Mommy, he did it anyway," she sobbed. She said the pediatrician had pushed his fingers inside her so hard that she was sore.

Elaine was livid. She called the pediatrician.

"What's the problem?" he allegedly asked her.

"You know very well what the problem is," she told him. "I don't know what you think you were doing. I told you not to touch my daughter. How do you justify that?"

Elaine says Copperman replied, "Well, you understand that I had to clean Jeanna."

Elaine had heard enough. "We're going to change practices because you're disgusting."

When she took Jeanna to another pediatrician, Elaine told him what had happened. "I don't want to hear that," the new doctor said. "I can't hear that."

Many victims of sexual abuse wait up to 10 years before speaking out



For years, Copperman practiced in this office in Merrick, New York

When victims can't get help

How could these alleged events have occurred for decades without anyone taking action?

Lately, the same question is being asked in towns across the country. Again and again, trusted male authority figures—doctors, police and teachers—have been accused of sexual improprieties and of abusing their power. In many cases, guilt or innocence can never be determined because most victims wait seven to 10 years before coming forward, according to Therapy Exploitation Link Line (TELL), an Internet support group that helps women who have been emotionally or sexually abused by physicians, therapists and other health-care professionals. By that time, the criminal statutes of limitations have usually lapsed.

Elaine Limmer and other mothers who live in the Merrick area are torn by guilt as they try to figure out why Copperman allegedly touched some girls and not others. Limmer thinks it had to do with who was the least likely to complain or had the least credibility if they did. Many of the girls who claimed to be molested had such compliant personalities that they blamed themselves.

Lynne Tanzman felt the doctor selected her because she was so emotional as a child that no one would take her accusations seriously. "I was such a drama queen, and my family was in turmoil," she says.

Many of the girls didn't see themselves as powerful enough to take on an authority figure. "None of us knew what to do about it back then," says Debra Geller Lieberman, 39, a mother of two, in New York City, who alleges that Copperman molested her in the 1970s. "I still want to confront Copperman about what he did to me," says Lieberman. "But I'm scared inside. I'm afraid I'll look at him and say, 'You did this to me,' and he'll say, 'No, I didn't.' And then I'll start to crumble."

When a girl did work up the courage to tell her parents what had allegedly happened, *(continued)*



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sometimes her own family didn't believe her. "Not Stu Copperman," said Lynne Tanzman's mother when Tanzman told her about that April afternoon in 1970.

Even when a parent did treat the allegations seriously, going to the police yielded little result. For instance, when Elaine and Jeanna Limmer went to the authorities to file a criminal complaint in 1984, the police questioned Copperman, but found insufficient evidence to charge him. Elaine Limmer's cousin, a lawyer, recommended that the Limmers take their case to the New York State Office of Professional Medical Conduct (OPMC). In 1987, the OPMC finally held a hearing on the case. Jeanna and another one of Copperman's patients testified to similar abuse by the doctor. They were cross-examined by attorneys for Copperman and the state for two days.

In the end, a disciplinary panel of two doctors and a layperson from the community (in this instance, a priest) voted 2 to 1 to dismiss all charges against the pediatrician. The two physicians sided with Copperman, stating that the girls' testimonies were "incredulous."

Elaine Limmer, who is a nurse, was angry but not surprised. "I would have been shocked if we'd won," she says. "I'm in the medical field—I know that doctors don't take away other doctors' licenses that easily."

Jeanna Limmer, who is now a kindergarten teacher in New York City, wanted to pursue a civil lawsuit against Copperman. But her parents were afraid of the consequences, fearing that Copperman might sue them for slander. Not only that, "A civil case would have been very hard on Jeanna," says Elaine Limmer. "We didn't pursue the civil suit because we didn't need money from Stuart Copperman. We wanted him to be punished. We wanted him to lose his license and never examine another child again."



Alleged victims Debra Geller Lieberman (left) and Jeanna Limmer

The state takes action

For the next decade, Copperman's practice continued to grow. The doctor was voted Professional of the Year by the local chamber of commerce and cited by the New York State Senate for his contributions to children's health for antismoking campaigns he'd developed.

> In Merrick, hundreds still believe Copperman is innocent

Most of the women Copperman allegedly abused tried to put what had happened behind them. Lynne Tanzman dropped out of college and was caught stealing at her job at a department store. In the late 80s and early 90s, she became addicted to cocaine and fell deeply into debt. It wasn't until recently that she finally overcame drugs and settled in Tucson, Arizona, where she works in the claims research department of a managed-health-care company.

Even those who became successful in their careers, like Debra Geller Lieberman, who is an attorney, motivational speaker and writer, still suffer in insidious ways. "When my daughter was born," recalls Lieberman, "the nanny told me, 'You are not cleaning your daughter properly when you change her diaper.' I realized I was afraid to touch my own little girl's genitals."

Then last December, Lieberman and the other alleged victims got the news they thought they'd never hear: The state Health Department had revoked Copperman's license.

According to official documents from the Health Department's Board for Professional Medical Conduct, six patients had recently come forward to complain that Copperman had molested them. In a hearing, the panel found that Copperman had "engaged in professional misconduct by reason of willfully harassing, abusing or intimidating a patient." The panel cited the "egregiousness" of the doctor's alleged acts, as well as the doctor's "inability or unwillingness to recognize what transpired with these patients." The decision concluded: "Only revocation of his license to practice medicine will ensure protection for the public."

The six patients' testimonies were remarkably similar to Jeanna Limmer's allegations in the 1980s. One testified that Copperman asked her mother to leave the room when she was 14. He told her he was going to clean her, and then rubbed her genital area for a few minutes.

So why did it take so long to remove Stuart Copperman from his private practice? It's been only in recent years that the number of disciplinary actions against doctors has increased sharply. In 1999 alone, state medical boards and the federal government disciplined 20,125 doctors, according to Public Citizen's Health Research Group, a consumer-rights organization in Washington, D.C.

Justice at last?

Stuart Copperman has denied all the charges against him and appealed his license revocation to *(continued)*

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[continued] the New York State Supreme Court. The doctor and his lawyers did not respond to LHJ's requests for an interview. But in an interview with local media last December, the doctor said that he had always treated patients properly and that the testimony given at the Medical Board hearing was the contrived memories of former patients who wanted to ruin his reputation. "What is happening is devastating to me," he told reporters. "I am not a pervert or a child molester. I've always lived my life so that someone could never say something bad about it."

In fact, hundreds of people in Merrick are outraged by what has happened to Copperman. They've sent money to his legal-defense fund and messages of support to his personal Web site. One woman who'd once been his patient wrote: "When I think of Dr. Copperman, I can think only of remarkable things, and it hurts me to imagine that his entire life and amazing recognition can be thrown out the window so easily. . . . He is the last person that deserves this. . . . I will do anything to keep him in practice."

But even if Copperman wins his appeal, he faces other problems. Most of the major health-insurance plans in New York state have dropped him from their network lists. The Nassau County district attorney's office and the police department are investigating new complaints against him to see if criminal charges should be filed.

Seeing Copperman brought up on additional charges wasn't the vindication Lynne Tanzman needed to feel whole again. That happened when she read to her mother the newspaper clippings about the pediatrician.

"Mom said, 'Oh, my God, Lynne, it was true,'" recalls Tanzman, whose mother died nearly two months later.

It was no momentous apology, just a connection between a mother and daughter torn apart decades ago. They were the words Lynne Tanzman had been waiting so long to hear: "Oh, my God, it was true." ■

Mark Stuart Gill is a frequent contributor to Ladies' Home Journal.

HOW TO PROTECT YOUR CHILD FROM ABUSE

There are steps that every parent can take to keep her child safe, according to Seth L. Goldstein, an attorney and executive director of the Child Abuse Forensic Institute, in Napa, California. Goldstein, who is also the author of *The Sexual Exploitation of Children: A Practical Guide to Assessment, Investigation, and Intervention*, which is used by district attorneys' offices around the country, offers these strategies:

■ Listen to your child. Child abusers often use a legitimate activity to trick the child into performing a sex act. For example, your 9-year-old might talk about playing monster with an adult, which consists of intense physical wrestling.

■ Be aware that sex abusers carefully choose their victims. They often look for a needy child or a troublemaker who is easily discredited if he or she says anything.

■ At the doctor's office, insist that another adult (you or a nurse) remain with your child in the exam room at all times.

■ Encourage your child to inform you of any person or any situation that makes her feel uncomfortable.

What to do if you suspect your child has been abused

■ Take him or her to a therapist trained and experienced in dealing with sexual-abuse victims. (See right for groups that can help you find therapists in your area.)

■ If the abuse is within your family, call child-protective services (listed in the government pages of your local telephone book). Otherwise, contact the local police or sheriff's office and ask for the officer who deals with child abuse.

■ Be careful not to influence your child's account of the abuse; this can serve to discredit his or her story.

■ Avoid confronting the abuser directly. Tipping your hand makes it harder for law-enforcement officials when they investigate.

For more information

For additional resources or a referral to a therapist trained to work with sex-abuse victims, contact:

■ The National Clearinghouse on Child Abuse and Neglect Information, U.S. Department of Health and Human Services, 330 C Street, S.W., Washington, D.C. 20447; 800-394-3366; *www.calib.com/nccanch*

■ Prevent Child Abuse America, 200 S. Michigan Avenue, Suite 1700, Chicago, IL 60604; 800-244-5373; *www.preventchildabuse.org*

■ National Center for Missing and Exploited Children, Charles B. Wang International Children's Building, 699 Prince Street, Alexandria, VA 22314-3175; 800-843-5678; *www.missingkids.com*

To find out if a doctor has ever been disciplined by a state medical board, contact the Federation of State Medical Boards at *www.docinfo.org*. This organization gives consumers access to a database of more than 800,000 licensed physicians in the U.S. Cost: $9.95 per physician search. —*M.S.G.*



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crime alert: PROTECT YOUR FAMILY

Car theft, financial fraud and Internet crimes are on the rise—and things may get worse over the next decade. A guide to outsmarting today's criminals

By Sharlene K. Johnson

If headlines about decreasing crime rates have tempted you to lower your guard, it might be time to check your dead bolts. After dropping steadily throughout the '90s, crime appears to be on the upswing. In the first six months of last year, there were increases in car theft, rape and aggravated assault (crimes in which a person is seriously injured or a weapon is used in an attack), according to the FBI. Also becoming more common: identity theft, credit-card fraud and Internet-related crimes.

The situation may soon worsen. The generation now entering their late teens and early 20s—the most crime-prone years—is the largest since the baby boomers. And if the economy continues to weaken, unemployment and financial stress could breed new criminals.

But the news isn't all bad. Today, experts have a better understanding of what causes crime and are using more effective prevention programs, such as the "personal beat" system, in which police officers are assigned to monitor specific neighborhoods, as opposed to rotating neighborhoods, according to Jean O'Neil, director of research and evaluation at the National Crime Prevention Council (NCPC), in Washington, D.C. Still, we can't rely entirely on law enforcement to protect us. "We all play a role in making our communities safe," she says.

So LHJ teamed up with Court TV to offer the latest advice on protecting your family. Would you know what to do if you were a crime victim? Take our quiz, then turn to page 114 to see how you fared.



Surprisingly, 40 percent of homes don't have dead-bolt locks—or have them only on main entry doors

1. A representative from a collection agency calls about an unpaid bill from a credit-card company with whom you have no account, and you tell the caller she's made a mistake. When she asks you to verify the Social Security number on the account, the number she reads is yours. Alarmed, you:

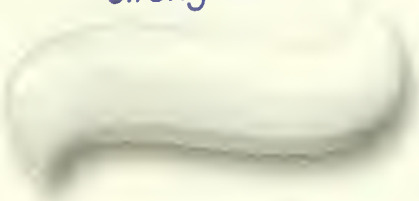
❑ ***A.*** *Ask her to send you copies of the charges so that you can dispute them.*

❑ ***B.*** *Contact all three major credit-reporting agencies to check your credit reports for errors, then call the police.*

❑ ***C.*** *Close the account. Request copies of the original credit application and billing statements so you have documentation of the charges.*

2. Three days a week, you jog in a neighborhood park. *(continued)*

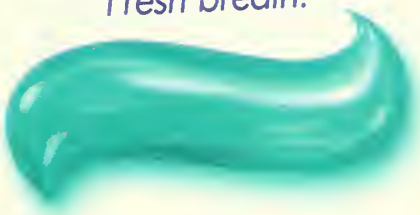
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To avoid rape, be aware of your surroundings and stay in well-lit areas

(continued) While you're stretching, another jogger stops beside you. He makes a vulgar sexual comment, then grabs you. You:

❑ **A.** *Kick, scream and do whatever it takes to get away.*
❑ **B.** *Yell for help, but don't struggle or risk making him angrier.*
❑ **C.** *Stay calm and try to talk your way out of the situation.*

3. There's been a rash of robberies in your neighborhood. What's the best way to protect your family?

❑ **A.** *Install dead-bolt locks on every door.*
❑ **B.** *Buy an alarm system.*
❑ **C.** *Get a dog.*

4. Your 12-year-old daughter spends a lot of time on the computer. One day you walk into her room and notice that she's reading a sexually explicit e-mail message from someone who says he wants to meet her in person. Your next step is to:

❑ **A.** *Alert the sender's Internet Service Provider.*

Nearly one in six women experience rape, but the risk peaks at age 14

❑ **B.** *Call the police to report that you suspect that an adult posing as a teen is using the Internet to try to lure your daughter.*
❑ **C.** *Take away your daughter's computer privileges.*

5. After work, you drive to the mall to pick up a birthday gift. When you return to the parking lot, you spot someone breaking into your car. Your best response is to:

❑ **A.** *Yell, "Help! Police!" as you run toward your car to get the thief to flee.*
❑ **B.** *Take a good look at the crook so you can describe his appearance to the authorities, then call 911.*
❑ **C.** *Yell, "Get away from my car!" from a safe distance to let the thief know he's been spotted.*

Steering Clear Of Criminals

Are you wise to the ways of con artists, thieves and rapists? Find out if you aced the quiz—and the best tips for staying safe.

1. (B) and (C) Receiving a phone call from an unknown creditor is often the first tip-off that your identity has been stolen. Identity theft occurs when a criminal uses your name, birth date and Social Security number to obtain credit cards, loans, utility services or even a driver's license.

Explain that the account was opened fraudulently and must be closed immediately, advises Mari J. Frank, a lawyer and privacy consultant in Laguna Niguel, California, who wrote *The Identity-Theft Survival Kit* (Porpoise Press, 1998). Ask for the address on the account, which may help track down the culprit. It's also smart to request copies of the original credit application and other documents for your files.

Next, call the fraud hotlines of the three major credit-reporting agencies—Equifax (800-525-6285), Trans Union (800-680-7289) and Experian (888-397-3742). Ask them to put a fraud alert on your credit profile, which helps stop further credit from being issued without your approval. Also request copies of your report so you can compile a list of the fraudulent accounts opened in your name. Next, close each account and file a report with local police. Be sure to follow up phone calls to creditors with a certified letter.

How common is identity theft? "It's the fastest-growing crime in America," says Frank. The number of consumers who contacted Trans Union's Fraud Victim Assistance Department skyrocketed from 35,000 in 1992 to more than 1 million in 2000.

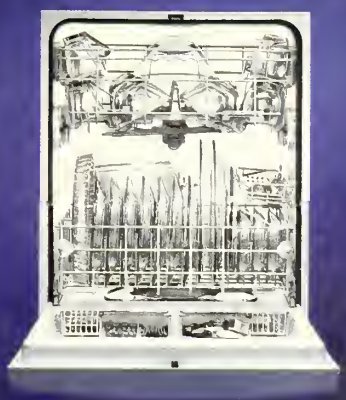
How does it happen? A clerk could gain access to your personal information at your doctor's office, or a crook might find *(continued)*

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(continued) old bills in your trash. In a typical case, you won't realize that your identity has been stolen for an average of 14 months because you never receive a bill; the impostor usually lists his own address or a mail-drop location on the application. Your only hint may be when a creditor calls you.

To minimize your risk, don't divulge personal information, such as your birth date or Social Security number, online or on the phone. Shred bills and other documents that contain personal information before tossing them, and call 888-567-8688 (a service operated jointly by the major credit-reporting agencies) to opt out of preapproved credit offers. If your bank or any creditors use your mother's maiden name as a password, change it—family names are easy to dig up. Finally, review your credit reports at least once a year. They are free in some states; in others they can cost up to $8.50 each. For more information about identity theft, check out *www.consumer.gov/idtheft*, *www.privacyrights.org* or *www.identitytheft.org*.

2. (A) Only a woman faced with a potential rape can decide what's best for her, but research has shown that some responses are better than others. "There's strong evidence that fighting, screaming and trying to flee are effective," says Sarah Ullman, Ph.D., an associate professor of criminal justice at the University of Illinois, at Chicago. Her research indicates that physical resistance doesn't make the offender more violent.

Nearly one in six women is raped at some point in her life, according to the U.S. Department of Justice. There was a small increase (less than 1 percent) in rape in the first half of 2000. Teenage girls are particularly vulnerable; the risk of being forcibly raped peaks at age 14, according to the FBI. That may be because child sexual assault is more likely to be reported to police, but it also can be attributed to the fact that young victims' defenses are easier to overcome than those of adults. The crime typically occurs at a residence, and more than seven out of 10 victims know the rapist.

Most rapes are accomplished without weapons or violence. When weapons are used, they're usually meant to ensure compliance rather than to harm or kill the victim. In any case, don't count on talking your way out of the situation. "Research shows that pleading and reasoning lead to an even higher probability of rape," says Ullman. A weak verbal response may unwittingly feed an attacker's need to feel powerful.

Can you avoid rape? Experts advise being aware of your surroundings and staying in well-lit areas. In addition, if a potential rapist tries to have his way with you, say no. "There are men who believe that women like to be roughed up during sex," says Mary P. Koss, Ph.D., a professor in the College of Public Health at the University of Arizona, in Tucson. If the man persists, try to escape to a more public place. If you can't get away, scream for help.

3. (A) A secure door is your first line of defense against burglary. In addition to installing dead-bolt locks, be sure the door, frame and hinges are sturdy and that everyone *(continued)*

PROTECTING YOUR KIDS

- Know where your child is at all times. In addition, learn her friends' last names and record their addresses and telephone numbers.
- Always carry a recent photo of your child, regardless of her age, in case a search becomes necessary. Take new color photos every six months, from different angles.
- Consider having your child fingerprinted by local law enforcement (the service is usually free), and store the prints in a safe place. Professionally done fingerprints can be helpful in identifying a child who is unconscious or can't speak for herself.
- Be sure your child knows:

His full name, address and telephone number, as well as your full name. Teach him never to reveal this information to anyone without your permission. The exception is when he is lost or in danger.

How and when to dial 911. Be sure your child understands what constitutes an emergency.

That bad people sometimes look nice and act friendly, and people on the Internet don't always tell the truth.

To keep the doors locked and windows closed, especially when she's home alone.

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[illegible] in your family uses the [illegible] between forty and fifty percent of burglaries are accomplished through unlocked doors or windows," says Jean O'Neil. Surprisingly, 40 percent of homes don't have deadbolt locks or have them only on main entry doors, according to the NCPC.

If you're considering an alarm system, there's an important caveat to keep in mind. When activated, some systems use your phone line to call the central monitoring station, where an operator will try to rule out a false alarm by calling your house. If the operator doesn't receive an answer, he will call the police. That's fine—if no one is home. But if you're in the house and hear the intruder, you won't be able to call 911 immediately unless you have a second phone line.

Like an alarm system, a barking dog can warn you—and your neighbors—if someone tries to break into your home. Studies have found that the noise generated by small, territorial dogs, such as Yorkshire terriers, is often enough to deter burglars.

For additional strategies on protecting your home, call your police department and ask for a free security assessment.

4. (B) If you think a sexual predator is using the Internet to lure your daughter, call the police, advises Ruben Rodriquez, director of the exploited-child unit at the National Center for Missing and Exploited Children (NCMEC), in Alexandria, Virginia.

Unfortunately, more and more parents will be forced to evaluate these types of messages as Internet usage grows. In a study funded by the NCMEC, nearly one in five Internet users between the ages of 10 and 17 reported receiving unwanted sexual advances online.

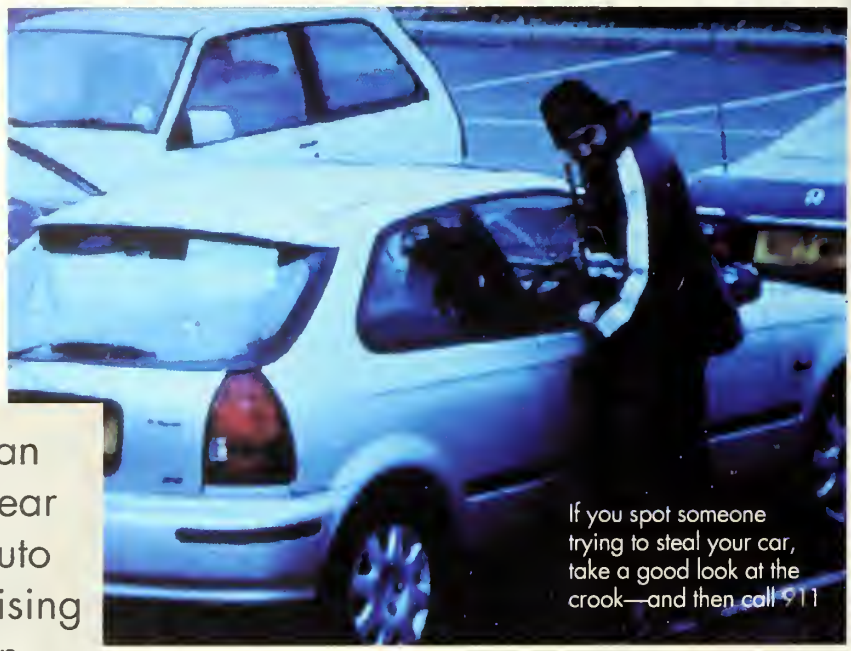
If the police aren't helpful, contact the NCMEC's CyberTipline (*www.cybertipline.com* or 800-843-5678), which will help you evaluate the situation. Don't delete any of the messages or photos sent to your daughter; you may need them as evidence. To make a criminal case, authorities must prove the person knew he was communicating with someone under 18.

Alerting the individual's Internet Service Provider (ISP), gleaned from his e-mail address, is another step you can take. Most ISPs will either warn the offender or terminate his account.

Think twice before taking away your child's computer privileges. Instead, help her learn how to use it safely. Discuss ways that an adult posing as a teen might try to gain her trust. Rodriquez also recommends moving the computer into a public area of the house. Technology that blocks, monitors or filters Web sites, e-mail messages or chats may also be useful.

5. (B) If you spot someone trying to steal your car, take a good look at the crook, advises Detective Jeff Cohee, an auto-theft specialist in the Overland Park, Kansas, police department. Memorize his approximate age, race, clothing, height and weight. Police need a description to make the case. Next, call 911 immediately.

For many victims, the first impulse is to run toward the thief and scream. Don't do it, says Cohee—you risk a potentially dangerous confrontation. If you decide to alert the thief that you're on to him, do it from a safe distance and only after getting a description and calling the police.



If you spot someone trying to steal your car, take a good look at the crook—and then call 911

After an eight-year low, auto theft is rising again

Auto theft increased for the first time in eight years in early 2000, according to the FBI. To prevent theft, lock your car doors and roll up the windows. Never leave the vehicle running unattended. And consider extra security measures if you live in an area where auto-theft rates are higher than average or if you drive a model that's popular with thieves, such as the Honda Accord.

For theft-prevention tips, visit the National Insurance Crime Bureau's Web site at *www.nicb.com*. ■

Take the safety challenge

For more information on protecting your family, watch the Court TV Safety Challenge 2001 on Tuesday, June 5 at 10 P.M. Also check Court TV's Web site: www.courttv.com.

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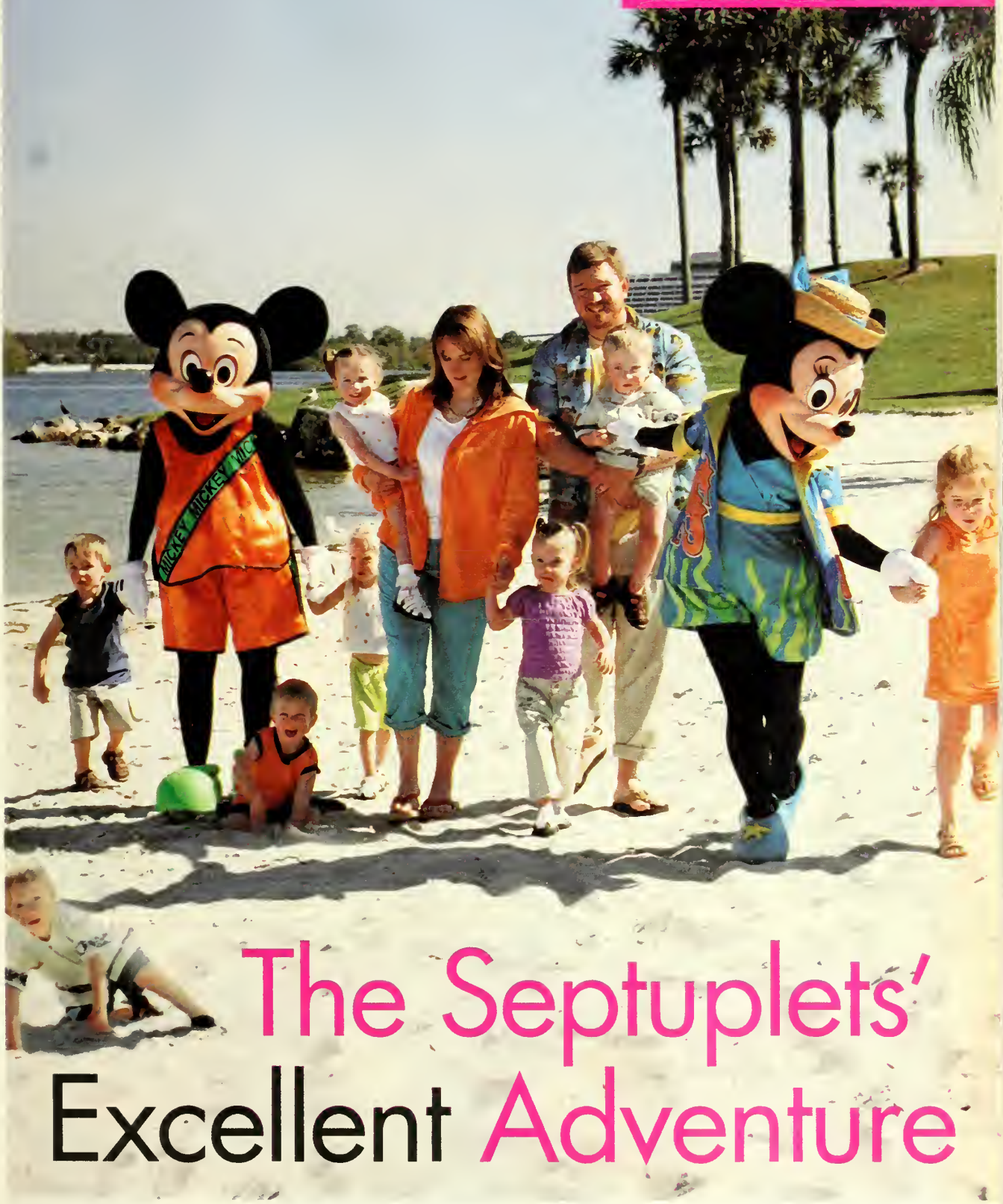
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The Septuplets' Excellent Adventure

Disney World, here we come! The McCaughey family takes its first big vacation, and the septuplets get goofy with Minnie and Mickey. Plus, parents Bobbi and Kenny talk about the surprising new changes in their lives By Kathryn Casey



Lining up on a ramp leading to Disney World's Dumbo the Flying Elephant ride, those famous 3-year-olds, the McCaughey septuplets, jockey for position. Dad Kenny, 31, slides onto the ride, carrying Brandon. When he says there's room for one more, someone shouts, "Hand him Kenny!"

Dad's namesake is quickly passed up the line, just as Bobbi, 33, carrying Alexis and accompanied by Mikayla, 5, claims elephant number two.

"Wheeeeeee!" the septuplets' big sister cries as Dumbo ascends above the crowd.

Meanwhile, back on the ground, Nathan, fighting a cold, dozes in a stroller, as Joel eagerly awaits his turn. All the while, Natalie wails. "Too high," she sobs to her grandmother, who hugs her, assuring her that she's free to skip this ride.

Fifteen minutes later, the McCaughey brood, riding in a caravan of eight strollers, pushed by Bobbi, Kenny and six family members and friends who have accompanied them on the family's first trip to Disney World, weaves through the crowd. Next stop: Cinderella's Golden Carrousel. This time, Natalie happily settles into a sled, and Nathan shouts out, "Horsey!" as Kenny lifts him atop a gilded white steed. "The kids are having a great time," says Bobbi, smiling.

While a traveling party of 16—one adult for each child—may seem like a crowd, the McCaugheys say it isn't unusual. For instance, last winter the septuplets' favorite respite from the cold and snow in their hometown of Carlisle, Iowa, was McDonald's, where they played and climbed on the indoor playground. But even that outing required help from at least two other adults. "It's a matter of safety. Two of us can't get all of them through the parking lot," says Bobbi. "With so many children, even simple things require planning."

Kenny, who describes life with the septuplets as an adventure, seems particularly mindful of the fact that his unique family is forging new territory. "It has been very testing," he says. "Nobody is really ready for seven kids all at once."

Calm amid the chaos

On Disney's It's a Small World ride, the McCaugheys fill an entire boat. They travel through man-made canals, as hundreds of dolls, elaborately dressed as children from around the world, sing. When they round a corner, Kelsey points to three girl dolls, all dressed in white. "Kelsey, Natalie and Alexis," she coos. Soon Joel, Kenny and Mikayla can be heard, their voices echoing, "It's a small world after all."

Watching such a tranquil moment, it's hard to imagine the trials the kids have put their parents through. "It's hard," says Bobbi. "But sometimes I think we're too close to the situation. We're thinking, Are these kids ever going to learn to behave? And other people are saying, 'Wow, your kids behave really well.' We tend to see the times they disobey rather than the times they are all doing what they should be."

> Life with the septuplets is an adventure, says Kenny. "Nobody is ready for **seven kids** at once"

A morning on the beach at Disney's Polynesian Resort offers a glimpse of what life with the septuplets is like. While Natalie chases seagulls, Nathan scampers with his walker, until he topples onto the sand. Joel, the family's instigator, throws sand in Kelsey's face, sending her shrieking for Bobbi, as Brandon and little Kenny, fully dressed, run headlong into the water. Only Alexis remains calm, as long as she is safe in her mother's arms.

Mikayla, meanwhile, is miffed. "No one will play with me," she whines.

Kenny says the septuplets are still clinging to the terrible twos. When does he expect that to end? "Maybe never," he says with a grimace.

That afternoon, he and Bobbi put the septuplets down for their afternoon nap in the family's bungalow, which is just minutes from the park. The children sleep for two hours, no doubt dreaming of all they've experienced: visiting with Mickey Mouse (or Giecky Mouse, as Joel has dubbed him); playing patty-cake with Winnie the Pooh and Tigger; sitting on Minnie Mouse's lap.

For the most part, this has been a good year for the septuplets. Kelsey, the most verbal, was the first to be potty-trained. "I put her in training pants one Wednesday morning," says Bobbi. "That afternoon, she got up from her nap and she's been trained ever since, except during the night."

The other kids, while they make *(continued)*



VACATION MEMORIES: "The kids loved Disney World," says Bobbi. "At first, they weren't too sure about the Disney characters, but it didn't take long before Goofy, Donald and Tigger won them over." Also a big hit: Snow White and the Seven Dwarfs. "Mikayla was excited when she got to wear a Snow White outfit [opposite page, bottom]," says Bobbi

TOP PHOTO: CLOTHING BY GAP





















SWEATSHIRT BY OLD NAVY. SHORTS BY TOMMY HILFIGER. SHOES BY OSHKOSH.


"Sometimes we're thinking, **Are these kids ever going to learn to behave?** And other people say, 'Wow, your kids behave really well,' " says Bobbi
Alexis
Joel
Mikayla
Nathan
Natalie
Brandon
Kelsey
Kenny

(continued) a show of dropping their pants and sitting on potty-chairs, aren't quite ready. "They get up from the chairs and wet their diapers," Bobbi says with a chuckle.

Nathan, who was born with spastic diplegia, a condition that causes spasticity in his legs and requires him to wear braces, has also made good progress. He now gets around quickly with a walker or crutches. Things also have improved for Natalie, who, along with Alexis, has been fed through a tube directly into her stomach since birth. This past winter, she began eating on her own—everything but solid meats—and now requires tube feedings only four or five times a week.

Alexis still needs three daily tube feedings. Since she's the smallest of the septuplets at just 22½ pounds (Joel, the largest, weighs 29½ pounds), Bobbi continues to rely on a high-calorie liquid diet to help her put on weight. Like Nathan, Alexis suffers from a muscle disorder, hypotonic quadriplegia, which weakens her muscles, preventing her from walking on her own. Although she can use a walker, Bobbi often lets her crawl, figuring the exercise will build her shoulder muscles. But Bobbi and Kenny have other concerns about Alexis—namely whether she suffers from any cognitive impairment. The doctors don't know yet.

"We have seen a big explosion in her language. She can imitate almost any sound now," says Bobbi. But because of her frail condition, "Alexis didn't have the same opportunities as the other kids," explains Bobbi. "She just has to kind of catch up."

Alexis and Nathan are treated twice a week by physical and occupational therapists. The two also receive shots of Botox to relax their rigid muscles and allow the weaker muscles to develop.

Little Kenny and Brandon, as they have been from the beginning, are strong and healthy. Brandon is the most obedient; Kenny the family daredevil. It was little Kenny's attempt to swing from the chandelier that convinced Bobbi and Kenny to gate off their living and dining rooms. But this past Christmas, Kenny decided it was time for his sons to learn self-control and opened the gates. That made for a busy holiday for Bobbi, who found herself sweeping up broken ornaments.

Surprisingly, Joel—who has been among the healthiest of the group—had the biggest health scare this past year. Last summer, while the McCaugheys were driving in the family van, Bobbi turned around to find Joel pale and motionless in his car seat. When she picked him up, "I thought he was dead because he was so cold," she says, shuddering at the memory. After being rushed to a hospital, Joel went through a battery of tests, but doctors found no cause for what they labeled a seizure.

In September, it happened again, and Bobbi called 911. This time, Joel's physician prescribed antiseizure medication. "Now, anytime Joel sleeps late *(continued)*



EVERYBODY INTO THE WATER! The septuplets make a splash at Disney's Typhoon Lagoon









A DAY AT THE BEACH wouldn't be complete without a sun hat and glasses (modeled by Natalie, right). "The kids just couldn't get enough of the water," says Bobbi. "They could've played in it all day long"



[illegible] in the morning, I check on him," says Bobbi. "Doctors have told us, though, that he should outgrow this."

As for Mikayla, she's now a kindergartner. During the septuplets' nap time, Bobbi homeschools her, as she plans to do with all eight children. So far Mikayla has tackled letter sounds, counting money, telling time and calculating simple math.

When it comes to her role as big sister, Mikayla fills it with relish. "When the septuplets are doing something they aren't supposed to, I'll hear her say, 'I told you not to do that,'" Bobbi says, laughing. "I have to remind her she's not their mother."

Kenny's new coping strategy

While their famous offspring continue to grow, Bobbi and Kenny have faced their own challenges. In 1999, Kenny left his job at a car dealership to begin a career as a public speaker. For the past two years, when he's not on the road, he's been home to share child-care chores, from diapering to bathing to feeding. (Volunteers help for only a few hours in the mornings.) But last fall, when the premiums on the family's health insurance were about to be raised to more than $600 a month, Kenny decided to take a job with a local company, working on a production line. The company, which allows him time off for speaking engagements, pays for half the family's health insurance.

Kenny says that the job has also had mental-health benefits. "It helps me take a step back and breathe a little. In terms of my sanity, it keeps me focused," he says.

Kenny has struggled more than Bobbi with the responsibility of having so many children. "To be quite honest, there are times I just kind of wish none of this had happened," he confesses. "Sometimes I wish I had my old life back."

Bobbi sits quietly, listening to her husband. She knows that such a large family was never part of his plans. "I wanted—maybe not a family this large—but I wanted more kids to begin with," she says.

"My idea was two or three kids at the most," admits Kenny. "It still kind of is in a way."

At times, the turmoil of having eight young children is overwhelming, he says. Going to work every day, where many of his co-workers belong to the church the family attends, has helped.

Bobbi, who always appears unflappable when surrounded by screaming children, sees this as only natural. "God did not make a man to stay at home," she says. "At the end of the day, Kenny never felt like he'd accomplished anything. He was ready for a job, to get up every day and go to work."

Not only has Kenny's job helped him cope, but Bobbi insists it's been good for the entire family. "He needed to be gone. It was more stressful when he was home all day because his patience level. . . ."

"Is terrible," he finishes for her.

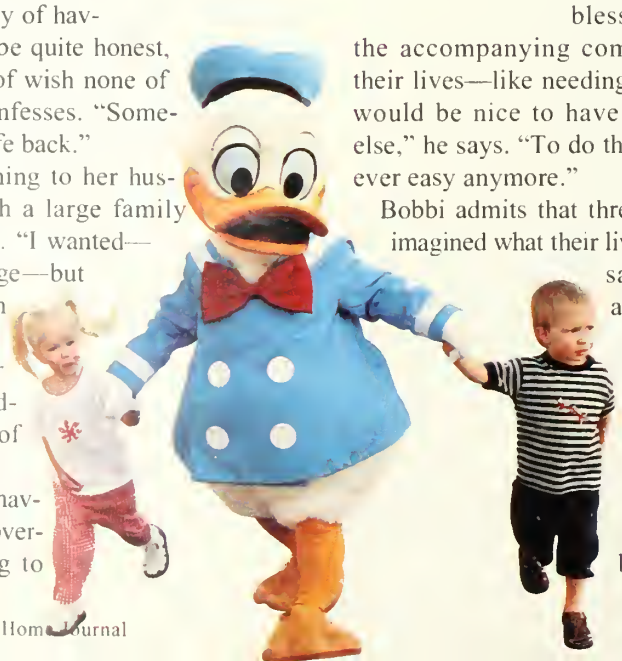
She insists the children are better for the change. Kenny gets home in time to wake up the kids from their nap every day, "and they are so happy to see him," says Bobbi. "The kids just respond so much more now when he's there."

If she's having a particularly harrowing day, Bobbi watches the clock, knowing Kenny will arrive at the end of the day to take over. "Sometimes," he explains, "you just need a fresh body."

Despite his misgivings, Kenny insists he sees their children as blessings. The problems are more the accompanying complications that have invaded their lives—like needing help to go to McDonald's. "It would be nice to have a normal life like everybody else," he says. "To do the predictable things. Nothing is ever easy anymore."

Bobbi admits that three years ago, she couldn't have imagined what their lives would be like today. Still, she says, rather than pushing them apart, the septuplets have brought her and Kenny closer together. Evenings after dinner, when Kenny changes diapers and slips the children into pajamas while she washes dishes and cleans the high-chair trays, are times she cherishes. "We've become a team," she says.

Despite the challenges, Bobbi says the septuplets have brought her and Kenny **closer together**. "We've become a team"







"BRANDON had never been this close to a horse," says Bobbi (far left). "He wanted to see it, but he was afraid." The McCaugheys and their group of helpers (above) had "a great time," says Bobbi. (Right) Alexis bonds with Mickey Mouse

Counting their blessings

As dusk descends over the Magic Kingdom, the McCaugheys are at the foot of the steps of the Cinderella Castle. Dancers and singers, including Mickey, Minnie, Pocahontas and Cruella DeVille, act out scenes from the children's favorite movies. Mikayla and Kelsey, entranced by the costumes and the music, sing along, while their siblings dart about, playing with silver mouse-shaped balloons.

Talk turns to some new developments in Bobbi's life. She has signed on to write a weekly advice column for a parenting Web site, americanbaby.com. And when her younger sister, Michele, got married in April, Bobbi, a talented seamstress, sewed the lavender crepe bridesmaids' dresses. When did she find the time? "When everyone else was sleeping," she says.

Bobbi knows how lucky her family is. She recalls how people around the country responded just after the septuplets were born. Well-wishers sent checks and presents, volunteers lined up to help care for the children, and companies donated clothing, diapers and baby food. The most generous gift of all came from Iowa's building contractors—a 5,500-square-foot house to replace their tiny home. "We've really been fortunate," agrees Kenny. "We didn't expect that to happen. I can't imagine what it would be like if it hadn't."

Now, watching their children scattering across the lawn, Kenny smiles broadly, looking every bit the proud dad. Bobbi looks calm and content, enjoying this special moment at Disney World, when everyone is happy. Watching her children play, she says, "Life is good." ■

Kathryn Casey is a contributing editor of Ladies' Home Journal.

How Bobbi got her waist back

After the septuplets were born, Bobbi McCaughey underwent a transformation. First, she discarded her glasses in favor of contact lenses. Then she wore braces for more than two years to straighten her teeth. And finally, last summer, she got back her pre-pregnancy figure, thanks to Ronald Bergman, D.O., M.D., a plastic surgeon in Des Moines.

"I was dieting and exercising, but it wasn't helping," says Bobbi. "Sit-ups couldn't do anything. There was so much excess skin."

That's not surprising since her 29-inch waistline had mushroomed in the final days of her pregnancy to a whopping 55 inches. By the septuplets' first birthday, Bobbi had lost the 28 pounds she'd gained, but her rolls of leftover skin forced her to buy clothing in sizes 12 and 14, instead of her usual size 10. "I couldn't tuck anything in," she says. "Everything had to hang out. It was not attractive."

When Bobbi visited Bergman for a consultation in the spring of 1999, "she had so much extra skin, she had almost a deformity of her abdomen," recalls the doctor. She had also developed a hernia and diastasis recti, a weakness between the abdominal muscles caused by overstretching.

While Bobbi's case was exceptional because of the number of children she carried, Bergman says he sees many women with similar post-pregnancy problems. The effects aren't just cosmetic: Excess skin, especially on overweight women, can cause lower-back pain and rashes. And, of course, there's the toll a paunchy waistline takes on self-esteem.

"Many women just accept the way they look," says Bergman. "They don't realize there's anything they can do about it."

The solution? Bergman performed an abdominoplasty, tightening Bobbi's muscles and removing the unnecessary skin. (While she was under anesthesia, another surgeon repaired the hernia.) The operation is growing in popularity—it was performed on 93,756 women last year in the U.S., up 7 percent from 1999. The average total cost is $5,310, but when there are health as well as cosmetic issues, Bergman says insurance will often cover it.

While recovery typically takes three to four weeks, because of the hernia surgery, Bobbi couldn't lift anything—including the septuplets—for almost two months. To keep from pulling on her stitches, she slept in a recliner. "But there wasn't much pain," she says.

These days, Bobbi is wearing size 10 again. "The surgery was definitely worth it. The doctor even got rid of the cesarean scar and most of my stretch marks," she says. "It's fun to shop for clothes again."

—*K.C.*

Why we still love Jackie style



casual chic

Jackie Kennedy Onassis sparked fashion trends that still shape the way American women dress. Here, today's clothes with that Camelot flair

It was 40 years ago that Jacqueline Kennedy entered the White House as First Lady, ushering in an era of understated style and elegance. After years of '50s frou-frou, her simple, vivid clothes looked young and modern, and women everywhere snapped up replicas of both her designer outfits and casual clothes. From her trademark pillbox hats and sleeveless sheaths to her pants suits and strapless gowns, Jackie always knew exactly the right thing to wear.

In tribute to her lasting imprint on American style, the Metropolitan Museum of Art, in New York City, recently opened an exhibition of such timeless fashions *(continued)*



STREAMLINED best describes Jackie's attitude toward casual wear. This summer, watch for the return of such preppie chic—Cape Cod clam-digger pants, nautical-stripe tops and strappy flat sandals.



"Everyone took great national pride in the way their First Lady looked—and every woman wanted to look just like her"
—famed fashion editor John Fairchild

easy elegance

AN AMERICAN IN PARIS When Jackie was out and about in France in the early '70s (above), her clothes were all about ease. She brought that same effortless style back to the States, and was often spotted in all manner of pants—from blue jeans and tailored trousers to her weekend riding jodhpurs and capris, like these (above) from Casual Corner.

Jackie's style found itself in simple **details**—a figure-flattering cut, feminine color, minimal accessories

ladylike legacy

(continued) from Jackie's wardrobe. "Her profound influence on the way an entire generation wanted to look, dress and behave cannot be overstated," said Hamish Bowles, the exhibition's creative consultant.

During the White House years, Jackie's closet was full of originals by Halston, Givenchy and *(continued)*

WHO KNEW? In the era of black-and-white TV, it was hard to tell that the suit (right) Jackie wore to give the 1962 Valentine's Day tour of the newly restored White House was a festive red. Above, today's take on the style in a suit by Shin Choi.





OUT OF THE LIMELIGHT
Jackie wore even her "off-duty" clothes with panache, disguising her signature hair stylishly with a tied-back silk scarf. Her short, belted trench coat remains an element of easy everyday style. On model: Top, Votre Nom, $9; pants, Horvé Bernard, $94; trench, Easel, $297; bag, Donald Pliner, $200; scarf, Echo; sunglasses, Riviera, $24.

"I couldn't spend that much unless I wore sable underwear," Jackie said of the speculated $30,000 annual price tag for her White House wardrobe



simple charm

THE CHIC SHEATH
The basic little black dress became so much more when Jackie wore it, and it is still the style to reach for when you want instant polish. On model: Dress, YL, $128; slingbacks, Hype, $119; bag, Stella Pace, $135; bracelet, R.J. Graziana, $55; sunglasses, Riviera, $24.





understated glamour

(continued) Cassini, the First Lady's official designer, and rumors swirled at the cost of her wardrobe, estimated to be $30,000 a year. In response, Jackie made perhaps her most famous fashion statement, which was reported in a 1960 *New York Times* article: "I couldn't spend that much unless I wore sable underwear."

Years later, the trademark look launched with a simple pillbox hat made Jackie a fixture on the best-dressed list and forever an icon of American style.

EN ROUTE TO THE WHITE HOUSE Even as a senator's wife in 1956 (left), Jackie exhibited hints of her First Lady style in strapless gawns that became her formal-wear staple. She kept accessories to a minimum and carried it all off with impeccable posture. Above, Jackie-inspired evening looks far today include a design by Danald Deal (right).

The woman who could STEAL your husband

If he's vulnerable, these six situations can put your marriage at risk

By Susan Kleinman

Your marriage has weathered a couple of kids, two demanding jobs and a move to a new town. No danger of your husband having an affair at this point, right?

Not so fast. By the time men reach fifty, 37 percent have been unfaithful, according to the National Social Health and Life Survey conducted by the University of Chicago. "While men who are unhappy in their marriages are more vulnerable to cheating, infidelity is more often determined by a man's attitudes and values," says Shirley Glass, Ph.D., a psychologist and infidelity researcher in Baltimore, Maryland.

Today, it's easier than ever to cheat—and to keep it secret. Now that women are a strong presence in the workforce and more people are spending long hours at their desks, office romances are on the rise. "Affairs are growing out of collegial workplace relationships," says Glass. "It's not the typical attraction that comes from sexual curiosity or excitement." Private investigator Bruce Robertson, president of Tristar Investigation, in Los Angeles, says that modern technology plays a part, too. "Cell phones, pagers and e-mails make it easier for men to communicate with their girlfriends," he says. "We're also seeing a proliferation of escort and massage services on the Internet that cater to businessmen."

It probably doesn't help that cheating is so openly acknowledged and less stigmatized these days. Public figures—including, ahem, a certain former President—have suffered few, if any, repercussions when their affairs were brought to light. The TV series *Temptation Island* promoted infidelity as entertainment, taking committed couples and doing everything to entice them to stray, short of actually tucking them into bed with potential lovers. "Hollywood tells us that affairs are sneaky and fun and exciting, or else they're an escape or a reprieve from your life," says relationships expert William July, author of *Understanding the Tin Man* (Doubleday, 2000).

Contrary to stereotypes, however, most cheaters don't usually go out looking for extramarital romance, nor is the other woman a sultry vixen waiting to lure men into her den of sin. "Affairs can happen between men and women who have known each other for some time," says Glass. "Often what begins as an emotional attraction turns into a sexual one." In fact, many observers say, the other woman may be very much like you: independent, attractive, sympathetic. She may be a co-worker, a former girlfriend, your next-door neighbor, a friend's wife or even—sad to say—one of your own pals. Adultery is, in many ways, a crime of opportunity.

What the other woman offers depends on the situation. "Affairs are about unmet needs," says Stan J. Katz, Ph.D., a psychologist in Beverly Hills, California, who counsels couples coping with infidelity. "Sometimes a man wants sex and affection; other times, he just needs to bolster his self-esteem." Says Susan, 39, who has been involved with several married men, "In an affair, a man can tell stories that his wife stopped wanting to hear long ago. It makes him feel special."

Does that mean that a husband's affair is the wife's fault? Oh, puh-lease. Last we heard, men were still responsible for their own actions. Still, experts agree that there are certain times in a man's life when he's most likely to seek out someone else. Here, six of the most hazardous situations:

1. Your sex life no longer sizzles.

Just because your marriage doesn't resemble a Harlequin Romance is no excuse for your husband to cheat. But the fact is that a man is more tempted to look elsewhere when the lovemaking at home is less frequent or exciting than he prefers. Even if you think your lovelife is okay, he may not. (Think of the scene in *Annie Hall* where Diane Keaton and Woody Allen disagree on whether having sex three times a week equals "all the time" or "hardly ever.") "For many men, sex is the way they connect to their wives," says Glass. "So a husband may take *(continued)*


She listens to him
She laughs at his jokes (even the ones she's heard before)
She's fun
She pays for everything herself
She works in the same field he does
She looks like you on your best day

She may become the answer to his midlife crisis

rejection personally and feels his wife is implicitly giving him permission to be with other women."

Still, a man won't necessarily seek out a new partner, but if the opportunity presents itself—say, he's propositioned on a business trip—he may be inclined to accept. "A lot of men who wouldn't initiate a relationship are not prepared to say no, either," says Pepper Schwartz, Ph.D., a sociology professor at the University of Washington, in Seattle, and author of *Everything You Know About Love and Sex Is Wrong* (Putnam, 2000). "And afterward, he may decide to see this woman again because she was dynamite in bed."

Case in point: Serena, 31, who dated a married man several years ago. "His wife had lost interest in sex—or so he said," she says. "The truth is, I think he really did love his wife, and if there had been anything going on in their bedroom, he probably wouldn't have gotten involved with me."

2. You've just had a baby.

Sex may lead to babies, but not vice versa. It's hard for a new mom to get psyched for passion after she's been walking the floor all night with a colicky infant, and her plummeting post-baby hormone levels only add to her waning libido. She also may be so focused on her new responsibilities that it's hard for her to give as much time to her spouse as she used to. "A new father loses his position as number one with his wife," says Glass. "She's bonding with the baby, and he may feel shut out."

Peggy, 39, says her husband turned to another woman 11 years ago, not long after their child was born. "He wanted to keep our baby out of day care, so he suggested that we take different shifts at the institution for disabled children where we both work," she says. "We had only one day off together each week. I think he got lonely being home with the baby every night. Eventually, a fellow teacher started giving him rides home from school, cooking for him and spending evenings with him." Peggy and her husband were eventually able to patch up their marriage, thanks to their strong mutual religious faith.

Sometimes, having a baby can make a man act like a little boy himself. "Men are concerned about their autonomy," says Glass. "Some are reluctant to assume the responsibilities that go along with having children, so they have an affair with a single woman to prove that they're not tied down, that no one can tell them what to do."

"After our twins were born last year, my husband became overwhelmed by the fact that he was now the sole breadwinner," says Shelly, 27, who's still married. "I think it made his co-worker look appealing to him. Her bills weren't his responsibility. She had no obligations and placed none on him. She was a good time just waiting to happen."



3. He's hit midlife—and he's not happy about it.

Let's face it: That 40th birthday is rough. And a man who can't cope with the thinning hair, thickening middle or the fears of "Is that all there is to life?" may turn to another woman to make him feel less washed-up.

"For such men, an affair has more to do with individual issues than relationship problems," says Glass. "A man at this stage may try to recapture his youth by doing something exciting like buying a motorcycle, or having a fling with someone who can help him deny the aging process."

At this stage, men are also more likely to hook up with old girlfriends or former acquaintances. "In midlife, there's a desperation to prove that you're still a viable, potent competitor, and one way to do that is through the conquest of a woman," says William July, who has interviewed hundreds of men while researching his books. "At this age, he may also feel trapped in his life. If he's not fulfilled at work or in some other capacity, he may try to find that fulfillment in an affair."

4. His friends are playing around.

Sometimes, affairs are a matter of husband-see, husband-do. Men bond through shared experiences, and hearing his buddies brag about their extramarital exploits can

The other woman is likely to be someone you know—a next-door neighbor, his co-worker or even one of your own pals

make an otherwise happily married guy wonder: Hey, what am I missing here? "Friends who are cheating create an accepting social environment for the behavior," says Glass. "One of the things men have reported when they stop having affairs is that they miss the pleasure of sharing their adventures with other men."

Hearing about his friends' infidelities also tends to make a man more aware of the problems in his marriage that he may have been willing to overlook before. Or he may start looking for flaws in his relationship and use them as an excuse to stray. "I strongly believe that my husband's friends changed his attitude about our marriage," says Ellen, now 50 and divorced. "His two best friends were in relationships that were disintegrating, so the wife-bashing began. My husband got involved with an old high-school friend, while his two friends found themselves girlfriends. He became 'one of the guys.'"

5. He just got a big promotion.

Success on the job can make a man feel entitled not only to the corner office, but to another woman, too. "I hear it all the time in my practice," says Stan Katz. "Men say, 'I work hard. I deserve to treat myself.'"

Certainly, the opportunities for infidelity increase along with professional and financial status. "Think of politicians and basketball stars," says Pepper Schwartz. "Their power is attractive, and they've got women lining up outside the door." When they do cheat, husbands may seek out a "trophy" girlfriend—a younger or very attractive woman—as another visible symbol of success.

Often, however, successful men choose women who are less influential than they are, and with whom they have little emotional intimacy. "There's some evidence that men in positions of power and wealth may be more likely to be unfaithful with the kind of women they would never actually marry," says Glass. Ironically, once sex enters the picture, the man can no longer hide behind his barrier of superiority. "A man in a powerful position who unzips his fly is being demoted," says Glass. "A woman in that situation feels she's made a conquest by using her sexuality. A man talks about looking for a trophy woman, but he doesn't realize that *he's* the trophy, too."

6. His career is floundering.

Even in this liberated two-career age, men still connect much of their identity to their jobs. So if a husband is constantly being persecuted by the boss, or if he's worried about being pink-slipped, his self-esteem may plummet so low that he may turn to desperate measures—such as taking a lover—to bring him out of his funk.

A man in this situation also might stray if, for some reason, he feels he can't talk to his wife about his work problems. "But even if his wife is sympathetic," says Glass, "he may see unpaid bills and other reminders of his inadequacy. With an affair, he can escape from reality. The other woman isn't aware of his flaws. He can play a different role with her."

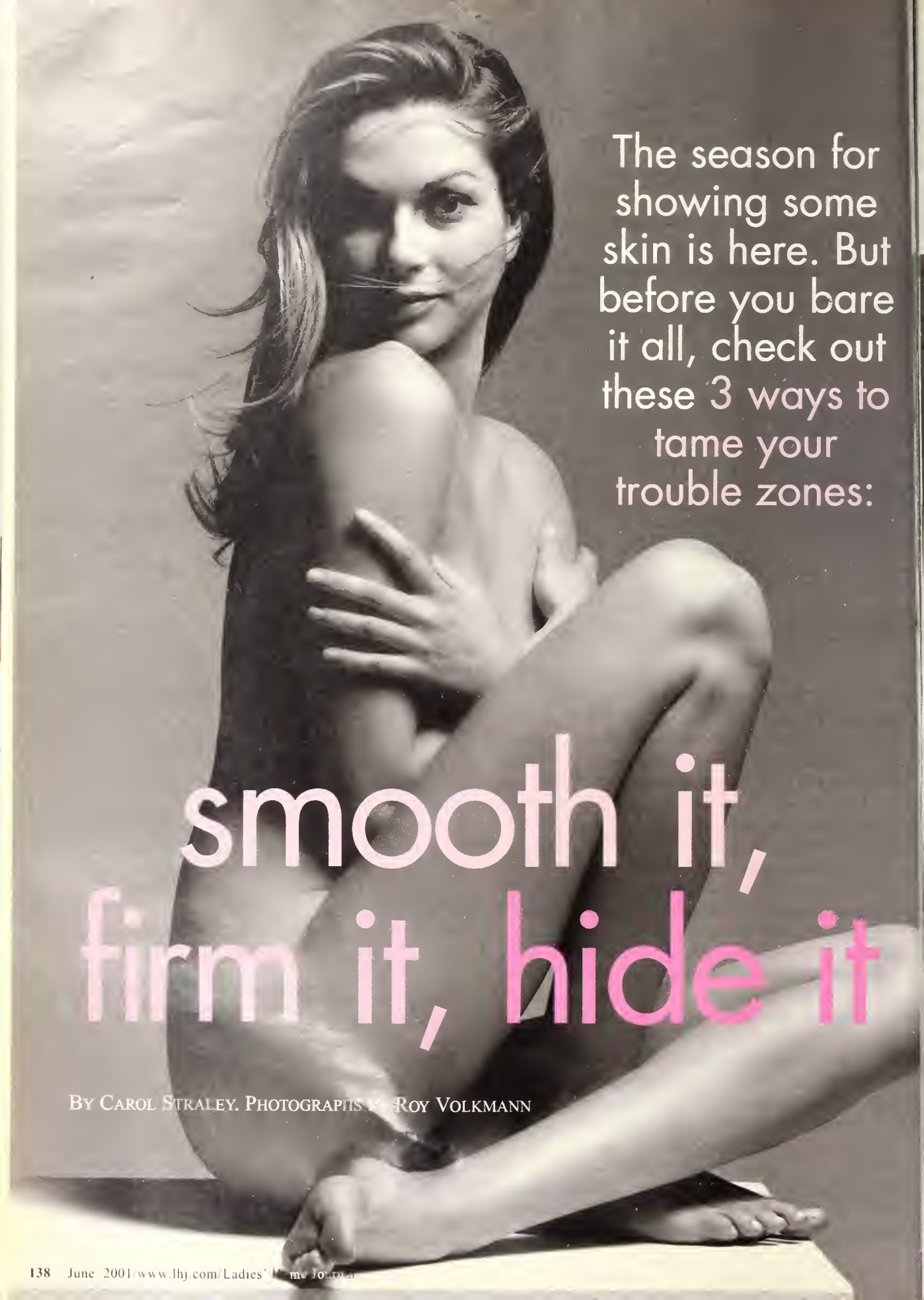
Nancy (not her real name), 47, believes it's no coincidence that her husband's fling started soon after he had a losing season as a high-school football coach. "He wasn't able to produce the big wins, so the people in our community were disappointed in him," she says. "Having an affair with a woman from another town gave him an ego boost." ■

Susan Kleinman has written for The New York Times and other national publications.

AFFAIR-PROOF YOUR MARRIAGE

While you can't control your husband's actions, here's how to lower the odds that he'll stray:

- Stay connected. "The best way to ensure your marriage," says Scott Stanley, Ph.D., co-author of *Fighting for Your Marriage* (Jossey-Bass, 1994), "is to maintain your friendship. A lot of times, what men miss most is the time they spend just hanging out with their wives. That's why so many affairs begin as friendships—it's that intimacy a man is looking for."
- Talk often. If you have a new baby or your husband is experiencing a job transition, encourage him to share his feelings with you and discuss yours with him.
- Keep your sex life active, and talk often about what you both want and need in bed.
- Be supportive of any *healthy* ways in which your husband may seek to reinvent himself in midlife, whether it's training for a marathon, switching careers or even going in for a little surgical nip and tuck. It may be vain or expensive, but it also may keep him feeling so good about himself that he doesn't have to look for an ego boost elsewhere. —*S.K.*



The season for showing some skin is here. But before you bare it all, check out these 3 ways to tame your trouble zones:

smooth it, firm it, hide it

By Carol Straley. Photographs by Roy Volkmann

As the weather heats up, the layers of clothing slip away. For every body part that shows, we have the right **skin smoother** and the right muscle-toning **exercise**. And just in case you're not quite ready to flaunt it, we also have the right **fashion camouflage** to keep any problem parts under wraps—but with great style!



trouble zone #1: upper back

SMOOTH IT

Acne-fighting shower Just when you want to slip into your favorite sundress, your back breaks out. Unfortunately, blemishes on your back tend to be bigger than the ones that appear on your face, and because the skin on the back is thicker, blemishes are slower to heal, too. But you can get in the clear by showering with an exfoliating body scrub, such as Neutrogena Body Clear Body Scrub ($5.99) with salicylic acid; washing away dead cells allows anti-acne treatment to penetrate deeper into skin.

Treat and prevent Dab on an over-the-counter medication with 2.5 percent benzoyl peroxide—any product with a higher percentage could be irritating. If you have more than two pimples, it's best to smooth medication on your entire back, says Kathy Fields, clinical instructor of dermatology at the University of California, in San Francisco. This will prevent future breakouts. (Pimples form under the skin for two weeks before they reach the surface.) How soon will you clear up? Anywhere from five days to four weeks.

FIRM IT

Why should you care about exercising your upper back? Because better muscle tone gives you that sexy V-shape from shoulders to waist, helping your waistline look smaller. Stronger muscles along the spine also improve your posture.

- Holding a pair of 3- to 5-pound weights with arms down at your sides, stand tall with knees slightly bent.
- Tilt forward from the hips, keeping your back straight and your head aligned with spine.
- Inhale. As you exhale, pull in abs and, keeping elbows slightly bent, raise arms to shoulder height, as shown. Inhale as you lower arms to starting position. Do two to three sets of 12 to 15 repetitions.





HIDE IT

You don't have to go backless to feel cool. A flesh-toned shirtdress in airy mesh gives the illusion of beautiful skin without baring all. Dress, Poleci, $178; mules, David Aaron, $89.

FOR BEST RESULTS, do each exercise three times a week, with a day of rest between. You should begin to see improvement in four to six weeks. Exercise routine designed by Carol Espel, M.S., exercise physiologist for Equinox Fitness Clubs of New York.

trouble zone #2: back of arms

SMOOTH 'EM

Embarrassed by those little red bumps on your arms? This "chicken skin" is actually a buildup of dry, dead skin cells around the hair follicles, says Michele S. Green, M.D., a dermatologist in New York City.

Soothing solutions Avoid plain soap and hot water—both are drying, which makes bumps worse. Instead, take a lukewarm shower and use a soap-free, moisturizing cleanser, such as Cetaphil.

Exfoliate A few times a week, switch to a gentle body scrub. (We like Earth Therapeutics Spa Purifying Sea Salt Body Scrub, $8.99.) Or lightly scrub with an exfoliating mitt. While skin is still damp, apply a body lotion with alpha-hydroxy acid (AHA) or lactic acid. This will help peel away the upper layer of bumpy skin. If redness continues to be a problem, ask your doctor for a topical steroid cream.



HIDE 'EM

A chic alternative to going sleeveless: This sheer shirt with a silky tank has graceful ¾-length sleeves to cover upper arms while baring the rest. Shirt and tank, Bisou Bisou, $98.



FIRM 'EM

Blame genetics, but women tend to store fat in the backs of their arms. Going from flabby to toned takes persistence, so stick with this exercise.

- Holding a pair of 3- to 5-pound weights with arms at your sides, sit tall on a straight-back chair with both feet flat on the floor.
- Press your lower back flat against the back of the chair. Pull in abs.
- Bending elbows, lift weights behind your head, as shown above. Do not arch your back or rest weights on shoulders.
- Using the strength of your forearms, lift weights and extend arms over head until arms are straight, then lower arms to sides.
- Do two to three sets of 12 to 15 repetitions.

trouble zone #3: chest

SMOOTH IT

Signs of sun damage By your early 30s you may notice that the skin on your chest isn't as flawless as it was in your 20s. Changes include freckles, a mottled redness or sallow tone and/or white spots. Skin may also feel rough and bumpy. "The yellowing is caused by changes in elastin fibers; and the white spots occur because UVA rays damage the pigment cells in your skin," says Lydia Evans, M.D., a dermatologist in Chappaqua, New York.

Getting even Products with beta-hydroxy acids (BHA) exfoliate surface cells to even out splotchy skin tone while botanicals brighten skin. New: L'Oréal Age Perfect Skin Illuminator & Age Spot Diffuser ($15). If you prefer a hypoallergenic alternative or can't tolerate BHAs, try Almay Kinetin SkinCare De-Aging Neck and Chest Treatment ($18). It contains kinetin, a plant-derived antioxidant that delays aging of skin cells and starts to fade brown spots in four weeks.

Sun protection To keep freckles from getting darker and new spots from forming, wear an SPF 15 or higher sunscreen with UVA/UVB filters. Try Coppertone SPF 30 Sunblock Lotion ($9.99).

HIDE IT

This sleeveless mock turtleneck is just as sexy as any tank or bandeau, but has the coverage you need to protect your chest. (Be sure to apply sunscreen to any skin that still shows.) Top, Easel, $88.

FIRM IT

No exercise can make you a cup size bigger, but the classic push-up is the best exercise there is for strengthening the muscles that support your breasts. Try this modified version, geared to beginners.



- Position yourself [illegible] and knees on an exercise [illegible] arms straight [illegible] more than shoulder-width apart. Cross feet at ankles, as shown.
- Keep your head parallel with your spine. Fix your gaze about three feet in front of you.
- Inhale; then as you exhale, tighten abs and butt and lower your upper body until it's a few inches above the floor. Return to starting position.
- Do two to three sets of 15 to 20 repetitions.



...thes bum ps on your ...rmal workout wear and ...ty hose can clog pores and trap the bacteria in perspiration, leading to inflammation around hair follicles, according to Diane Berson, M.D., an assistant clinical professor of dermatology at New York University School of Medicine, in New York City.

The solution To eliminate friction that can contribute to blemishes, wear loose-fitting clothing and gym shorts, go bare-legged when possible, and opt for cotton underwear.

Shower power Lather up with an antibacterial soap, such as Lever 2000. Apply a body lotion that moisturizes as well as sloughs off the dead cells that block pores. Try Jergens Skin Smoothing Lotion ($5.49) with beta- and alpha-hydroxy acids. If skin doesn't clear up in a few weeks, see your dermatologist, who may prescribe a topical antibiotic.

FIRM IT

This exercise helps lift a sagging seat and gives you nicely rounded curves.

- Lie on your back on an exercise mat with knees bent, feet flat on floor. Leave arms down at sides, as shown.
- Cross left ankle over right knee. Inhale. As you exhale, lift hips four to five inches off the mat until your weight is resting on your upper back.
- Hold position for three counts, then return to starting position. As you repeat this move, try to hold the position for another count. The longer you can stay in position, the more you tighten your butt.
- Do one set of 8 to 12 reps; then switch sides and repeat. As you become stronger, increase reps until you can do three sets.



HIDE IT

A flirty print dress with a full skirt floats away from the body, and won't cling to any bulges. Dress, Bisou Bisou, $165.

trouble zone #4: tush



SMOOTH 'EM

Footwork To get your feet in show-off shape, gently massage soles and heels with a wet pumice stone in the shower, recommends Noreen Oswell, D.P.M., a podiatrist in Beverly Hills, California. Then, slather a rich exfoliating cream, such as Get Fresh Rescue Me Intensive Foot Repair Cream ($6; call Apothia, 877-276-8442) on callus-prone areas, a light lotion elsewhere. Be careful not to moisturize between toes, where bacteria can breed and cause athlete's foot.

TLC for toes To prevent corns, buy shoes made of soft leather or stretchy fabric—these materials create less friction. Sandals with broad straps put less pressure on toes than skinny straps. If you already have corns, see your podiatrist. Over-the-counter removers may be too strong.

For shopping guide, see page 183.

trouble zone #5: feet

FEEL-GOOD FLEXES FOR FEET

Here's a move to help condition your feet and ankles for long walks along the beach or jogging through the park. The result: improved strength and flexibility.

- Holding on to the top of a chair for support, stand tall. Pull in abs, push shoulders back, drop your tailbone, and lift your chest slightly. Focus your gaze directly in front of you.
- Turn legs out from the hips so that knees are directly over feet. If you are standing to the right of the chair, lift your left heel off the floor, or vice versa.
- Gradually roll on to the ball of your foot, then continue lifting heel until your toes are pointed, as shown. Roll back to starting position.
- Do three sets of 10 repetitions. Turn around and repeat with opposite foot.



HIDE 'EM

Sexy slingbacks feel as deliciously bare as sandals, but won't give away that your toes are less than perfect. Slingbacks, Nine West, $69.

LENOX

Wave Divers



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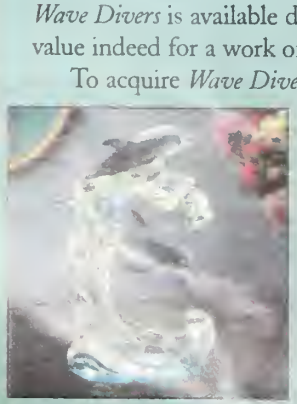
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Some women aren't ready to say no to more babies because mommyhood helps them feel young

Just one more?

For many women, mothers already, whether or not to get out of the baby business is the most wrenching decision

By Jeannie Ralston

Kelly Hastings thought she was definitely done. She was so harried raising her two children, who are 19 months apart, that she vowed she wouldn't have any more. So when her children were still young, her husband had a vasectomy. But after nine years passed, she began to feel some stirrings. "Something was missing. When I started to talk about it, I realized it was another child," says Hastings, 41, who lives in Greenwood, South Carolina, where she works part-time. "It wasn't that I wasn't feeling complete with my two children, it was just that I knew I had enough love for another one."

Fortunately, it turned out that her husband had similar sentiments. "We both agreed that he had the vasectomy too soon," she says. After he underwent a reversal and his sperm count was found to be normal, they tried to get pregnant for a year and a half, some of that time with the help of a fertility doctor. With no luck conceiving, they decided to adopt and have just returned from Russia with a 2½-year-old boy. Hastings is blissful. "I feel like everything is perfect now."

For many women like Hastings, the decision to get out of the baby business is not clear-cut. The biological imperative to continue producing can be powerful, urging a woman to go to great lengths in pursuit of more children. Others of us feel a nagging longing, a vague sense of unfinished business. I felt such a spasm the other day when my husband asked me to clean out the storeroom for a garage sale. I walked in and saw the baby swing, high chair and stroller that my youngest, now 2, had last used. Though my husband and I had supposedly decided we'd have only two children, I couldn't bring myself to part with the baby items. To sell them would confirm that decision, something I wasn't ready to do. As long as I hold on to these icons of babyhood, I'm holding on to the possibility of having another.

The question I've asked myself over and over is, how do you know when enough is enough? *(continued)*

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JUST ONE MORE

Continued

Our bodies certainly know when to stop. That's what menopause is about. But the number of kids our bodies would let us have and the number of kids we can or want to handle isn't the same. That's what birth control is about. So where should you draw the line? How do you reconcile the longings of your heart for another child with the rational thoughts from your head that tell you you're already full up?

"Most women agonize over having more kids," says Priscilla Marotta, Ph.D., director of the Center of Psychological Effectiveness, in Plantation, Florida, and author of *Power and Wisdom: The New Path for Women* (Women of Wisdom, Inc., 1999). "Women are biologically programmed to nurture. It's a chemical reaction; it's for the survival of the species." Evolution, she says, has done nothing to quell that imperative, but it has made our brains bigger, so we "can weigh the pros and cons of having more children."

The cons are usually the practical sort—the expense, a too-small house, the effect of another baby on your career—while the pros can be profound. "I love the whole birthing experience. It was such a magical thing," says Caroline Dougherty, 40, a stay-at-home mom in Stockton, New Jersey. "I love having babies around. I love the smell of babies, the way your baby comes to you and cuddles against you. I think houses with cribs and all the baby things in them are so special." Dougherty is the mother of three girls, ages 6 years to 24 mont and though she and her husband ha chosen not to have more, she h been bracing herself for sadness wh her youngest turned 2. "That's such milestone. Kids that age are walki and talking; they aren't babies an more. It will probably hit me hard some point that I'm never going have another baby. It's such an in tense craving, but you have to call stop sometime."

It's not just forfeiting the goo-goo ga-ga-ness of a baby that makes wom en feel ambivalent; it's giving up chapter of their lives. "There's a fea

> "The cons are usually of the practical sort—the expense, a too-small house. But the pros can be profound

eeing the end of an era: your re- uctive years, your ability to create life," says Diane Sanford, Ph.D., . Louis–based psychologist and uthor of *Postpartum Survival de* (New Harbinger Publications, 4). For some women, having an- r child may be a way to delay go- back into the workforce. "Usually 's an issue for someone whose tity and self-esteem is tied to be- a mom," says Sanford. "A lot of nen have to start working as their get older to help pay for college. ne may not want to face that."

Marotta says being unable to let go ne prospect of having kids may sim- be a denial of aging. If you contin- o have babies "what better way to young than hanging out at the ground with a lot of young moth- " she says. Indeed, many women ak of baby hunger hitting around r 40th birthday, when menopause denly lurks around the corner and a y seems the perfect way to thumb r nose at the aging process.

When Kelly Hastings told friends that wanted another baby, most of them ught she was simply going through a se. "They said, 'Everyone feels that when they reach forty.' But for me as much more than a phase, which realized later when I went through he trouble to adopt," she says.

Dougherty says that for her the ole process of menstruation is sad v that she's made the decision to have a child. "For thirty-four years ever had any problems about my iods. I always knew I would be ting my machinery to good use," e says. "Now when my period nes, it's for nothing. I'm just wait- for menopause." Sanford says it's mmon for women—whether they're nflicted or clear about not having re kids—to feel a bit melancholy ry time they have a period. "It's a nthly reminder of how your life is ving on," she says.

Other women have their own special sons for not feeling finished with the by business. "I would love to be gnant again. The miracle that you n create life inside of you is so ro- ntic," says Carla Masters of Johnson City, Texas, the mother of 4-year-old twin girls. "I always planned to have two kids, yet I feel a bit . . . oh, cheated isn't the right word. But I only got to be pregnant once and have people 'ooh' and 'ahh' over me." Masters, 36, thinks she may feel the craving more intensely when her daughters are older and off with their friends. Right now, she considers herself fortunate that she'll have a surrogate baby: Her sister, who just had a baby, has moved in next door. "There will be a baby around, and I'll get to play with her," she says, beaming. Finding joy in other people's babies is a second-best choice many women make.

Sometimes a woman doesn't feel right about quitting because she hasn't quite fulfilled the notion of the perfect family that she holds in her head. A friend of mine who just had her third child thinks it's instinct that guides this decision. "I think there's another baby for us after this third one," says Gloria Gault Geary, 41, a management consultant in Gaffney, South Carolina. "I feel I have another one already in my body, just waiting for its turn to arrive."

As for myself, being one of six children, I've always *(continued)*





In hindsight, it's easy for a woman to romanticize her baby-bearing years

(continued) thought a house needed many voices, many footsteps to fill it. My husband, one of two children, thinks a duplication of his family is the ideal. Of course, this decision is not a unilateral one. A husband's desire has to be factored in. It's far easier to keep going if you have a willing partner. But if your partner has other ideas, it can create frustration and cause more acute sadness. I am certain I wouldn't find myself so ambivalent if my husband was supporting another trip to the maternity ward. Instead I'd be washing my jeans with the spandex insert right this moment. Were I truly set on a third, I'm sure I could convince him, but I don't think I have the energy to make such a case. If I were to push for another baby, I'm convinced that more of the work would fall on me (more than it already does), and I feel overwhelmed as it is. At least part of the time.

Many women speak of baby hunger hitting around their 40th birthday, when menopause suddenly lurks

The thing is that my feelings change day to day. If I look at photos of my newborns in the hospital, bundles of awe as they peek out from their blankets, my legs get weak and I start looking at my husband with the proverbial gleam in my eye. If my kids have been fighting all day, I'm ready to strap on a chastity belt. As of today, I'm firmly in the two-is-quite-enough camp, but I'm still not racing to clear out the storeroom. . . . ■

THE RIGHT CHOICE FOR YOU

If you, too, are plagued by what-ifs and maybes and are harboring a stash of strollers, maternity clothes or cute newborn booties, the essential thing to know, says psychologist Priscilla Marotta, Ph.D., is that these longings are completely normal. "You'll probably always have a bit of yearning," she says. Here are other ways to quiet the questions and make a decision you can live with:

Give it time. Is what you're longing for really another baby, or a way to hold on to your youth? Live with the feelings for a while. "Don't rush into any decision either way," says psychologist Diane Sanford, Ph.D., who also advises couples not to use permanent means of birth control, such as a vasectomy or tubal ligation, that leave little room for changed feelings.

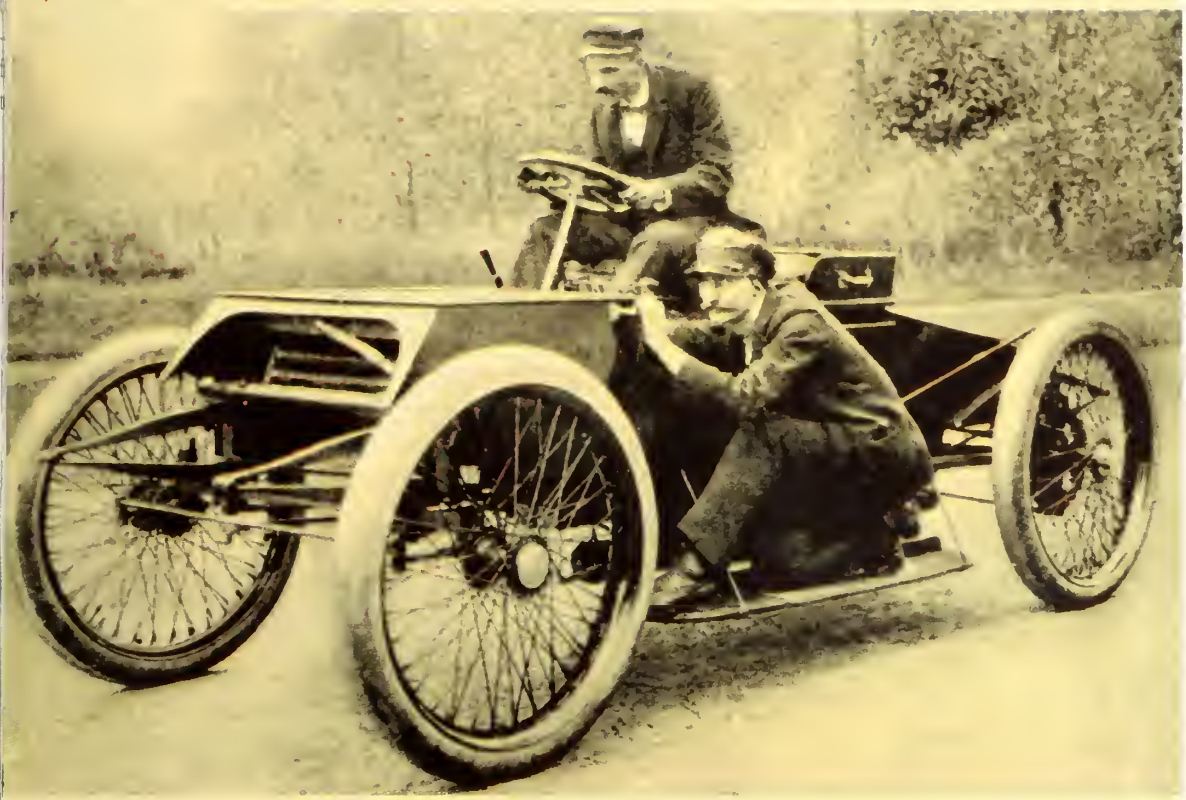
Activate your intellect. Think about the realities, such as the cost, the energy it will require, the effect on other children and the impact on your marriage, advises Marotta. "Talk to your spouse; talk to other mothers," she adds. Lori Edel, 37, of Austin, Texas, struggled with the question of whether to have a second child, but ultimately decided against it. She was on bed rest during a chunk of her first pregnancy, and had a C-section after two-and-a-half days of labor. "It took me a year to get over that," she says. "Part of the reason I knew I was done is that I wasn't eager to repeat it."

Allow yourself time to grieve if you decide not to have more children. "You're mourning the lost potential. Each child is like a new opportunity," says Sanford. "Some women grieve over this longer than others."

Consider the trade-offs. No, you won't have that rapturous experience of giving birth again, but look at the bright side: You'll be blessed with something most mothers desperately crave—a sliver of freedom. Maybe you'll have time to work on your painting or go back to school. "I say to myself all the time, There are other things in life besides having babies," says Caroline Dougherty, a stay-at-home mom in Stockton, New Jersey. "Now, I'll move on to those other things—watching them grow up and enjoying my free time."

Look forward to grandchildren. Now you know why your mother pestered you for so long. —*J.P.*

October 10, 1901, Henry Ford and
ander Winton tangled in a historic
race. Henry's winning speed, a blistering
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the race that changed everything.

He wasn't exactly the picture of a race car driver on that mild, partly cloudy October afternoon 100 years ago. And for good reason. He *wasn't* one. Henry Ford was an engineer who saw the automobile as much more than a rich man's toy, and who dreamed of a nation that ran on gasoline instead of oats. He also saw auto racing as a means to jump-start that dream. So, with little preparation and even less caution, he lined up against acclaimed champion Alexander Winton. And, although he was giving up 44 horsepower to the veteran driver, he managed to stay pretty close until Winton's engine faltered in the seventh lap. Henry sprinted home for the win, a victory which turned a lot of heads, including those of the financial backers who set his dream in motion. "The race" launched the career of the man who would personally hold 161 automotive patents, whose assembly line would revolutionize manufacturing, and who would deliver the Model T, the phenomenon that would quite literally put the country, and much of the world, on wheels. And while America has changed profoundly since "the race," the passion with which we race, research and build vehicles, a passion inherited from Henry Ford himself, remains *un*changed.

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The best jobs for families

A surprising number of firms are paying more than lip service to harried employees trying to balance work and family. Does your company measure up?

By Sally Abrahms



Having the flexibility to work at home makes employees happier—and more productive

Jane Kipper's conference call was going nowhere. The senior life-insurance accountant from Kansas City, Missouri, was wrangling over accounting issues with industry representatives and regulators—not exactly a breezy topic to begin with—when a gurgling sound came on the line. "That's the most appropriate comment I've heard so far!" quipped one representative, referring to the coos coming from 5-month-old Matthew, nestled on Kipper's lap in her office. "Everyone chuckled, and it helped to break the stalemate," says Kipper, whose younger son, Ryan, also spent five months on the job at the 368-person National Association of Insurance Commissioners (NAIC).

Employees aren't requesting family-friendly benefits, they're demanding them

Since NAIC started allowing parents to bring their babies to work in 1998, 13 employees, with children ranging in age from newborn to 6 months old, have participated. The company requires that two colleagues be designated as backup sitters if the infant gets fussy during a client call or if Mom has a meeting. "If I didn't have this program, I would have stayed on leave longer," says Kipper. After taking four weeks off, Kipper came to the office two days a week for a month and then went back to full-time after eight weeks. "It was really important for me to have my sons here, since they were both adopted and I felt I needed time to bond with them. I've never heard a negative comment from anyone."

While still anything but the norm, more and more companies are offering similar family-friendly benefits, as they are termed. Doing so is one way to recruit and retain employees—as the dot-com frenzy subsides and the dream of instant wealth through stock options fades, employees' work/life perks are becoming increasingly valued. In fact, according to DYG Inc., a social marketing and research firm, women are coming to expect such benefits. Even a weakening economy won't have much effect, say experts. "I don't think companies will step away from these benefits now that employees have a set of expectations," says Michael Beer, a professor of business administration at Harvard Business School, in Cambridge, Massachusetts.

Susan Seitel, president of Work and Family Connection, a clearinghouse of work/life information, agrees: "Polls of job candidates show that flexibility is at the top of their list." Seitel contends that women especially value flexible *(continued)*


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(continued) arrangements. "They're not just requesting these benefits, they're demanding them," she says. "I think it will continue to be a growing trend for the next decade."

Whether it's the more common job sharing or telecommuting or something more revolutionary, like NAIC's Romper Room setup, many companies are scrambling to help frazzled parents feel less torn between work and home. A study of 456 large and small companies released in 2001 by the human-resources consulting firm of William M. Mercer and Bright Horizons Family Solutions, a national provider of workplace services for employees and families, reveals that two thirds offered permanent part-time options with medical benefits; half gave their workers a compressed workweek (being at the office 40 hours a week but with four 10-hour days, for instance); 45 percent had flextime; 44 percent allowed telecommuting (up 14 percent since 1998); and 40 percent permitted job sharing. Another study released in 1999 by Hewitt Associates, a management consulting firm, of 1,020 companies in a variety of industries found that 74 percent permitted flexible scheduling.

One such company, J.P. Morgan Chase, a banking behemoth and pioneer in family-friendly benefits, is building an office in Newport, New Jersey, with a high-speed communications system designed specifically to allow employees to send information home and back to the office quickly. In addition, the New Jersey office will have lactation rooms for nursing moms who want to relax while they express their milk. J.P. Morgan Chase is also switching these New Jersey staffers' computers from desktops to laptops that can go easily from the conference room to the kitchen table. Close to a quarter of the bank's employees have flexible work arrangements and, in a study conducted there last year, the most satisfied workers, and those most likely to stay with the company, had control over their work schedules.

That a growing number of businesses of all sizes provide beleaguered working mothers with family-friendly benefits and services is about far more than being nice or politically correct. It's about morale, loyalty and productivity.

According to a study conducted last year for CIGNA, the insurance company saved more than $300,000, or $1,600 per mother, in health-care expenses when they provided room and encouragement for nursing mothers to express their milk; it also reduced absenteeism. And Bright Horizons Family Solutions reports that the 76 companies interviewed recently, all with child-care centers, outperformed the Standard & Poor 500 companies over the last three years.

Schedules that fit your life

By far, the most important amenity companies can offer working mothers is the ability to creatively schedule work hours. This includes flextime, a compressed workweek, job sharing, telecommuting, part-time work and day-to-day flexibility.

At Moving Companies Ahead (MCA), a Mountain View, California–based public-relations firm with high-tech clients, 11 of the 34 employees telecommute. "I (continued)

BUILDING YOUR CASE FOR A FLEXIBLE WORK ARRANGEMENT

Whether your company is family-friendly or not, flexible work arrangements are the one benefit you may be able to realistically expect. While you can't make your boss build an on-site child-care center, chances are you can convince her to give you some sort of flexible work arrangement. Try these strategies:

Don't get personal. Instead of saying you want to spend time with your kids, explain how the arrangement will positively impact your boss. She's thinking, What's in it for me? Make your case from her perspective.

Explain how the arrangement will improve your work. You'll be more focused, save commuting time, produce more without distractions, and bring a refreshed approach to your work.

Anticipate potential problems and ways to offset them. Can someone else in your department with similar expertise take on some of your workload in a pinch? Does your home office have the equipment you'll need to do your job efficiently?

Address how you'll keep in touch—e-mail, a regular morning telephone call, once-a-week update meetings—so your boss understands that you have an office communication plan. Tell her that for a critical meeting on a day you're scheduled to work at home, you'll gladly come into the office.

Suggest a three-month pilot period and a follow-up evaluation.

Give your boss a written proposal after you've made your pitch.

Check out these Web sites for information, studies and advice: www.workfamily.com, www.workoptions.com, www.gilgordan.com, www.womans-work.com, or www.jobsandmoms.com.

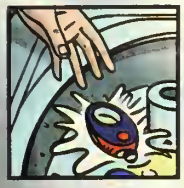
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Pets are part of the family, so make them part of the fun.

If you hit the road this summer, you'll want to bring the family cat or dog,

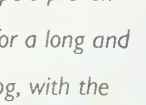


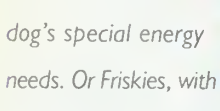
too. Here are some tips: Make sure your pet wears an ID, and tape a local phone number to his collar so you can be reached. Bring along a favorite toy or blanket to help him feel at home. Pack the food your pet is used to eating, to avoid an upset stomach. And make sure your pet





gets the right food. Like Alpo's proven formula with chicory, for a long and healthy life. Mighty Dog, with the perfect balance of nutrients for a smaller dog's special energy needs. Or Friskies, with a new breakthrough formula proven to promote a healthy skin and coat.





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believe it's the wave of the future and why not?" says MCA president and CEO Jean LeMoin. "The employees are more productive because they're not distracted by tons of meetings and don't have to waste time driving to and from work."

LeMoin gives her staff scheduling leeway in every dimension: Some work part-time, others job share, and still others have a compressed week. Then there are those who start and leave early, and some who come and stay late, to put in their eight hours.

Jane Evans-Ryan, a 38-year-old account director at MCA, is at the office from 8:45 A.M. until 2:45 P.M. when her 11- and 13-year-old daughters, one of whom is wheelchair-bound, are in school, and then works from home in the late afternoon. In the summer, Evans-Ryan telecommutes exclusively. She'll work in her home office in the mornings while the girls entertain themselves; in the afternoon, she might take the kids to the pool, where she'll work on her laptop. In return for this flexibility, "I probably work harder than I have at any other job," she says, noting several recent promotions.

Taking care of the kids

A major reason 36-year-old Amy Hughes took her job four years ago as a technology consultant at Novant, a conglomeration of nonprofit hospitals and health services in Winston-Salem, North Carolina, was because she was pregnant with her daughter, Anna, and the company ran Today's Child, a top-notch company day-care center. (This year North Carolina, which ranks licensed day-care centers, placed Today's Child among the top 11 percent of day-care centers in the state.) Hughes takes her 20-month-old twins, Caroline and Claire, to the center, along with her older daughter, Anna. Next year, when Anna starts school, Hughes will bring her to the center, where a van will take her to and from school. "I wouldn't leave Novant because of it," says Hughes. "For a mother to have good day care is beyond words."

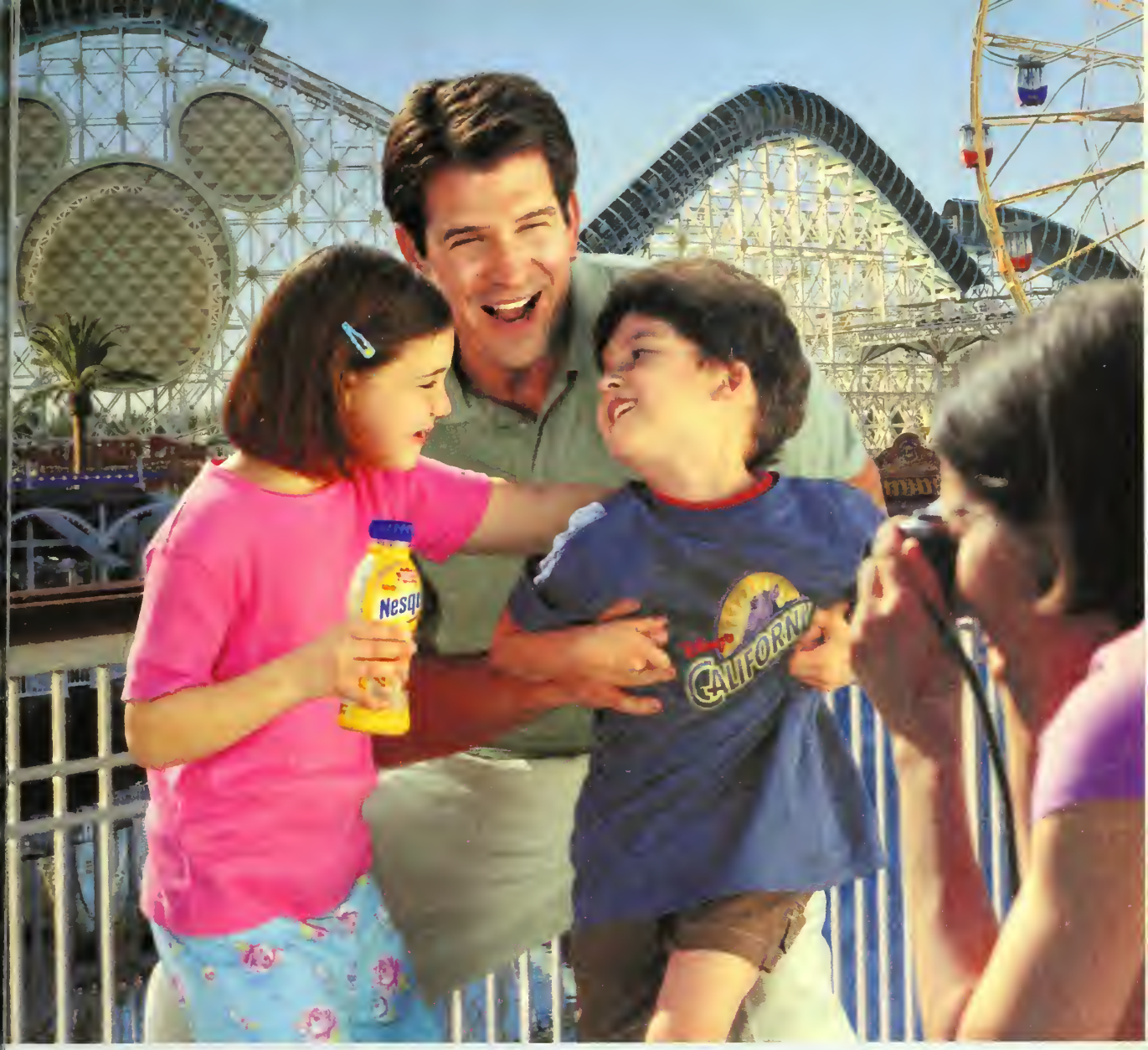
Employees at Novant pay a belo market cost of $98 a week 50 hours of child care. The comp chips in $250,000 to $300,000 a yea cover the deficit. Some businesses do offer child care, but help defray a p tion of its cost. At Protem Professio Staffing Services, in Portland, Oreg for example, the company will p 75 cents an hour, including commuti time and lunch, toward a register family day-care provider or center f its 108 employees. (They draw the li at in-home baby-sitters.) That can trar late to $140 or more a month tax-free.

The workplace concierge

It may seem a luxury to have someo to run employees' personal errands, b more and more companies are realizi that offering concierge service is a sm price to pay for employee satisfactio morale and productivity. Andrea Aren president of a service aptly nam 2 Places at 1 Time, based in Atlant oversees 42 busy offices in the U.S. a Canada. On average, companies pa Arena $60,000 to $70,000 a year make their employees' lives easie Workers pay a nominal fee, often $5 $10 an hour for the service. The bus ness will do practically anything—bu birthday decorations, find a housekeep er, research vacation spots, meet th plumber, pick up dinner, plan a honey moon, even investigate adopting a bab from Romania. (It won't pick up kids soccer or transport elderly parents.)

Catherine NeSmith, a 35-year-ol executive assistant at Arthur Anderso in Atlanta, uses 2 Places at 1 Time least once a week to pick up dry clean ing and buy groceries. She's had th service bring her car to the repair sho and go pajama hunting for her kids William, 8, and Jacqueline, 4. "It make my life a little saner," says NeSmith "and tells me that Arthur Anderso cares about me and realizes my time i valuable. They're saying we know w ask a lot of you when you're here, an this is what we do to help you." ■

Sally Abrahms has written for The New York Times, The Wall Street Journal and Newsweek, among other national publications.



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kids right now



Retail jobs top teens' lists

The New Teen Dream Jobs

Hold the pickles, hold the lettuce. For the 4 million kids ages 15 to 17 who work during the summer months, something new may be on the menu.

Image-conscious high-schoolers are now turning up their noses at traditional teen employers. "Teens are very aware of which jobs are cool and which aren't," notes Kevin Baer, executive vice president of gotajob.com, a Web-based recruiting service for industries like restaurants and retail. What's allowing such snubbing, adds Michael Wood, a vice president of Teenage Research Unlimited, a market-research firm in Northbrook, Illinois, is the increased availability of hourly positions. Left, which jobs have cachet—and which are passé: *—Jennifer Hoppe*

Teen Dream	Losing Steam
Computer and music stores	Entertaining kids (baby-sitting)
Mall stores (Gap, Abercrambie)	Convenience/ grocery stores
Caffee bars (Starbucks)	Fast-faad restaurants
Lifeguarding	Lawn wark

END-OF-SCHOOL SMARTS



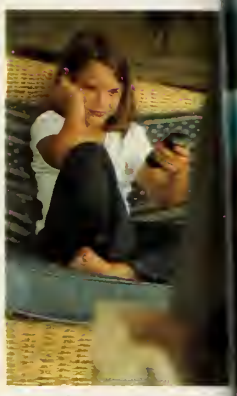
You might be looking forward to the warmer months ahead, but does that mean your first- or second-grader is eager for school to end? Probably not, says Kimberly Sirl, Ph.D., a clinical psychologist at St. Louis Children's Hospital. "Kids' understanding of time is so undeveloped at this age, they might become anxious when their routine changes." Sirl suggests the following tips to ease the transition:

Put things in perspective. Likening summer to an extended break should help them understand this hiatus.

Encourage closure. If your child is particularly attached to his teacher or a special friend who will be away for the summer, then it's critical that you mark the good-bye. Offering the teacher or friend a hand-drawn picture or other small gift before the end of school can help make the ending happy.

Curb complaints. Once summer break begins, some kids will whine about missing friends or teachers, usually out of boredom. Reassure them that they can visit Mrs. Smith in September, or remind them that they'll soon be back at school with their friends. Such complaints will likely stop once kids get involved in summer activities. *—Meredith Franco*

Sex and the Sitcom



Even during the vaunted 8 to 9 P.M. "family hour," TV sitcams keep pushing the limits. Accarding to a recent study by the Kaiser Family Foundatian, 84 percent of sitcom episades included clear sexual references—up fram 56 percent just twa years aga. Now mare than ever, "parents need ta know what their kids are watching," says David Walsh, Ph.D., faunder and president of the Natianal Institute on Media and the Family, a research and educatianal group in Minneapalis, and author of the farthcaming baak, *Dr. Dave's Media Picks far Kids* (Siman & Schuster, September 2001). Ta help determine which shows are suitable for your child, check aut the fallawing Web sites:

■ *www.mediafamily.org/kidscare* Divided into categories including violence, nudity and sexual content, KidScare rates TV programs an each af these caunts with the familiar green, yellaw and red signals. Age-apprapriate recammendatians are also made.

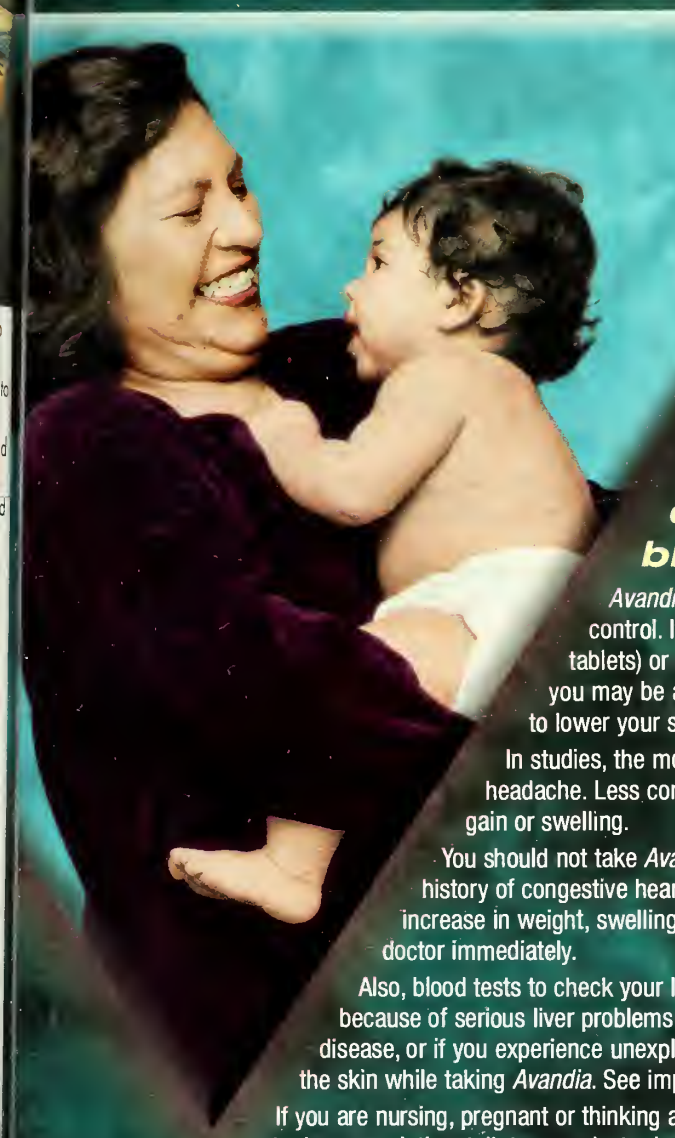
■ *www.tvguide.com* The magazine's anline versian lists the mast detailed TV-shaw infarmatian aut there, including episade titles and plot summaries. *— Melinda Leader*

Small wonders!

In 1998, 28,500 babies were born as a result of assisted reproductive technology—about 8,000 more than just two years before, according to the Centers for Disease Control and Prevention.

For people with type 2 diabetes

"I will *always* take care of my diabetes."



"I have a lot of great reasons to take care of myself. But the most important one is named Maria.

"She's one of the reasons I'm eating right and exercising more. When that wasn't enough, my doctor added *Avandia* to help me manage my type 2 diabetes. *Avandia* works differently than some diabetes medications. It helps my body use its own natural insulin more effectively.

"Since I started taking *Avandia* about a year ago, my blood sugar level has come down and stayed down. Your results may vary."

Strengthen your body's own ability to help control blood sugar.

Avandia, along with diet and exercise, helps improve blood sugar control. It may be prescribed alone, with Glucophage® (metformin HCl tablets) or with sulfonylureas. When taking *Avandia* with a sulfonylurea, you may be at risk for low blood sugar. Ask your doctor whether you need to lower your sulfonylurea dosage.

In studies, the most common side effects included cold-like symptoms and headache. Less common, but important, side effects included tiredness, weight gain or swelling.

You should not take *Avandia* if you are in the later stages of heart failure. If you have a history of congestive heart failure or swelling, or if you experience an unusually rapid increase in weight, swelling or shortness of breath while taking *Avandia*, talk to your doctor immediately.

Also, blood tests to check your liver should be conducted before and during *Avandia* therapy because of serious liver problems caused by a similar drug. Tell your doctor if you have liver disease, or if you experience unexplained tiredness, stomach problems, dark urine or yellowing of the skin while taking *Avandia*. See important patient information on the following page.

If you are nursing, pregnant or thinking about becoming pregnant, or if you are a premenopausal woman who is not ovulating, talk to your doctor before taking *Avandia*.

Talk to your doctor, or for more information call 1-800-AVANDIA (1-800-282-6342).

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Patient Information About AVANDIA® (rosiglitazone maleate) Tablets 2 mg, 4 mg, and 8 mg

What is *Avandia*?
Avandia is one product in a new class of prescription drugs called thiazolidinediones (thigh-a-zoe-lid-een-die-owns). It is used to treat type 2 diabetes by helping the body use the insulin that it is already making. *Avandia* comes as pills that can be taken either once a day or twice a day to help improve blood sugar levels.

How does *Avandia* treat type 2 diabetes?
If you have type 2 diabetes, your body still produces insulin but it is not able to fully use the insulin. Insulin is needed to allow sugar to be carried from the bloodstream into many cells of the body for energy. If insulin is not being used correctly, sugar does not enter the cells very well and builds up in the blood. If not controlled, the high blood sugar level can lead to serious medical problems, including kidney damage, blindness and amputation.

Avandia helps your body use insulin by making the cells more sensitive to insulin so that the sugar can enter the cell.

How quickly will *Avandia* begin to work?
Avandia begins to reduce blood sugar levels within 2 weeks. However, since *Avandia* works to address an important underlying cause of type 2 diabetes, insulin resistance, it may take 8 to 12 weeks to see the full effect. If you do not respond adequately to your starting dose of *Avandia*, your physician may increase your daily dose to improve your blood sugar control.

How should I take *Avandia*?
Your doctor may tell you to take *Avandia* once a day in the morning or twice a day in the morning and evening. It can be taken with or without meals. Food does not affect how *Avandia* works. To help you remember to take *Avandia*, you may want to take it at the same time every day.

What if I miss a dose?
If your doctor has prescribed *Avandia* for use once a day:

- As soon as you remember your missed dose, take one tablet anytime during the day.
- If you forget and go a whole day without taking a dose, don't try to make it up by adding another dose on the following day. Forget about the missed dose and simply follow your normal schedule.

If your doctor has prescribed *Avandia* for use twice a day:

- As soon as you remember the missed dose, take one tablet.
- Take the next dose at the normal time on the same day.
- Don't try to make up a missed dose from the day before.
- You should never take three doses on any single day in order to make up for a missed dose the day before.

Do I need to test my blood for sugar while using *Avandia*?
Yes, you should follow your doctor's instructions about your at-home testing schedule.

Does *Avandia* cure type 2 diabetes?
Currently there is no cure for diabetes. The only way to avoid the effects of the disease is to maintain good blood sugar control by following your doctor's advice for diet, exercise, weight control, and medication. *Avandia*, alone or in combination with other antidiabetic drugs (i.e., sulfonylureas or metformin), may improve these other efforts by helping your body make better use of the it already produces.

Can I take *Avandia* with other medications?
Avandia has been taken safely by people using o medications, including other antidiabetic medic birth control pills, warfarin (a blood thinner), Z (ranitidine, an antiulcer product from GlaxoSmith certain heart medications, and some cholesterol-lo products. You should discuss with your doctor the appropriate plan for you. If you are taking prescrip over-the-counter products for your diabetes or for tions other than diabetes, be sure to tell your Sometimes a patient who is taking two antidiabetic cations each day can become irritable, lightheac excessively tired. Tell your doctor if this occurs blood sugar levels may be dropping too low, ar dose of your medication may need to be reduced.

What should I discuss with my doctor before t *Avandia*?
You should talk to your doctor if you have a history o gestive heart failure or edema (swelling), if you hav problems, or if you are nursing, pregnant or thinki becoming pregnant. If you are a premenopausal w who is not ovulating, you should know that *Av* therapy may result in the resumption of ovulation, may increase your chances of becoming preg Therefore, you may need to consider birth control op

What are the possible side effects of *Avandia*?
Avandia was generally well tolerated in clinical trials most common side effects reported by people t *Avandia* were upper respiratory infection and head As with most other diabetes medications, you experience an increase in weight. You may also ex ence edema (swelling) and/or anemia. If you experi any swelling of your extremities (e.g., legs, ankle tiredness, notify your doctor. Talk to your doctor imr ately if you experience edema, shortness of breat unusually rapid increase in weight, or other sympton heart failure.

Who should not use *Avandia*?
You should not take *Avandia* if you are in the later st of heart failure. The following people should also not *Avandia*: People with type 1 diabetes, people who e rienced yellowing of the skin with Rezulin® (troglitaz Parke-Davis), people who are allergic to *Avandia* or of its components and people with diabetic ketoacid

Why are laboratory tests recommended?
Your doctor may conduct blood tests to measure blood sugar control. In addition, your doctor should duct liver enzyme tests. *Avandia* did not show sign liver problems in clinical studies. However, becaus similar drug (*Rezulin*) was associated with serious problems, your doctor should recommend a blood tes monitor your liver before you start taking *Avandia*, ev 2 months during the first year and periodically thereaf

It is important that you call your doctor immediately if experience unexplained symptoms of nausea, vomiti stomach pain, tiredness, anorexia, dark urine, or yellow of the skin.

How should I store *Avandia*?
Avandia should be stored at room temperature in a ch proof container out of the reach of children. Store *Avan* in its original container.

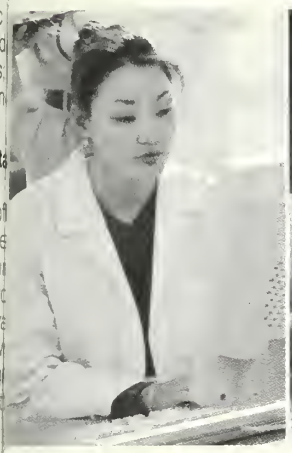
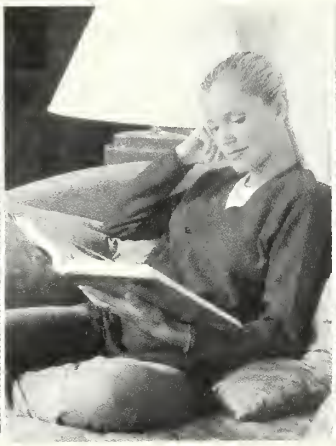
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- ☐ 09 Legal Secretary
- ☐ 56 Pet Groomer
- ☐ 94 Fitness and Nutrition
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The mom competition



The battle for the Who's the Best Mother Award can get pretty fierce. Why do so many of us get drawn in? By Melinda Marshall

"I don't know how long you can leave formula out of the fridge. I've never filled bottles with anything but breast milk."

"Of course he's ready to toilet train. My first was out of diapers by nineteen months."

"Is your son small for his age?"

Have mothers always been this insecure about their offspring?

Certainly they've always been this competitive. I remember how, as a new mom, I never went to the playground without diapers, juice, snacks, wipes—and a bulletproof vest on under my sweatshirt. Because invariably another new mom and I would engage in a sniper's exchange of comments intended to sound like harmless observations, but which could pierce to the bone.

We even compared our birthing experiences, as though how we handled the delivery could portend our parenting skills. Tsk-tsk if you chose an epidural instead of toughing out labor pain. And if you put your baby right on the bottle, well—what kind of mother were you?

Tsk-tsk if you didn't breast-feed, or don't coach soccer

But I'm chagrined to report that, long since our children graduated from diapers, we're still at it. Eavesdrop on any conversation between moms who don't know each other well, and you'll hear the superiority creep in. It's reflexive. Each party needs the other to know just how accomplished her children are—and how devoted she is as their parent.

"None of your kids play soccer? My kids are so in to it—but then, my husband coaches."

"I know the tuition's ridiculous, but I wanted Brittany to have the best possible learning environment."

You could argue that competition has always come with motherhood. My own mother remembers the agony of having to hear about how much weight her neighbor's infant had gained when all my brother did was get longer and stringier. But I think that my mother's generation compensated for their competitive tendencies by supporting each other more than we do. Because they weren't divided into stay-at-home and working-mom camps, they thought of themselves as being in this parent career together. They also had bridge nights, bowling leagues and garden clubs. They were as busy as we are, but they were busy together.

In contrast, we speed around in our minivans and SUVs, stopping to chat with each other only long enough to deposit or pick up our children. We convene at soccer games and on PTA night, but we are too rushed to get past the stinging small talk.

The solution, of course, is to develop deeper friendships with other women. The problem is, we're all in the habit of putting social needs low on the list, because they earn us no points on the Devoted Wife 'n' Mother Scoreboard. But whether it's leaving the kids with their dad on a weeknight to join the girls for book club, or sneaking out from work for one of those two-glasses-of-wine group luncheons—we all need to feel a lot less guilt. If 10 years in the mommy biz has taught me anything, it's that gatherings like these almost invariably turn into soul-bearing sessions, opportunities where women confess their worst mothering sins and their children's most incriminating behavior. Instead of one-upping each other, we're impelled to outconfess each other, and elicit sympathy and support. In short, we get that sense of belonging that modern life otherwise contrives to deny us.

So I say, enough with the small talk that belittles. Let's get right to the nitty-gritty. You make the time, I'll bring the wine. ■

Got a porenting opinion we should hear? Send stories or ideas to lhj@mdp.com

reserve the Moment with Pictures!



To get the best pictures of Dad and his little darlings, make sure to have your Canon camera close at hand. Come in stand no more than three to four feet away and shoot everyone the waist up. If possible, resist the urge to pose your precious cts, as candid photos tend to be the most treasured. And don't your family's not perfectly still. Both Kodak MAX 400 and Kodak ANTIX 400 film is perfect for capturing fast action.



SURE SHOT Z90W



ELPH 2

When shooting outside, try to capture mom and the kids in the most flattering light: early morning or late-evening sun. Make sure to use the built-in flash to sharpen color and create flattering photos without harsh shadows. The Z90w's auto-settings take the guesswork out of your outdoor photography. Kodak MAX 400 film compliments a zoom camera like the Sure Shot Z90w perfectly.

en the subject is graduation, go to the head of the gift-giving class the sleek ELPH 2. Proof that great things come in small packages, ELPH 2 features the state-of-the-art Advanced Photo System PS) with foolproof drop-in film loading, and a choice of three print es (panoramic, wide-angle or classic). Wrap it up with extra Kodak VANTIX 400 film with improved color and great sharpness that es you crystal clear images and brilliant colors. It's a gift that tells your d he – or she – really makes the grade!

Canon

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money news

To Refinance or Not to Refinance?

One good thing about the cooling economy: Mortgage rates are now the best they've been since May 1999, hitting a low of 6.7 percent for a 30-year loan. But before you rush to refinance, remember to consider the costs involved, which can run upward of $2,500 for a credit check, application and appraisal charges, attorney fees and other necessities. Most experts agree that refinancing is worth it if the current rate is two percentage points lower than your original rate. Here, two examples based on national averages. (Or, check out the refinancing calculators on *www.lendingtree.com* or *www.bankrate.com*, and plug in your numbers.)

—Allison Kopicki

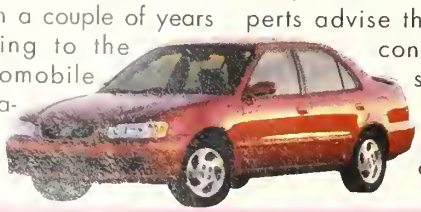
Mortgage amount	$150,000	$175,000
Current monthly payment	$1,084.29	$1,389.12
Old mortgage rate	7.75%	8.75%
New mortgage rate*	6.70%	6.70%
Term	30 years	30 years
New monthly payment	$967.92	$1,129.24
Difference in payments	$116.37	$259.88
Months to recoup cost of refinancing	41	18

*Best 30-year rate as of March 9, 2001.

In a recent survey by Consumer Action, 69 percent of credit issuers said they raise a card's interest rate after just one late payment—by as much as 10 percent or more.

Leasing Letdown

If you thought leasing was an affordable way to get a shiny, new car, consider this: An overabundance of used vehicles coming off lease this year has driven auto lenders to significantly bump up new lease prices. In fact, monthly lease payments for an average-priced vehicle will be about $100 more now than a couple of years ago, according to the National Automobile Dealers Association. Why? Because of the glut, used-car prices are severely depressed, and lenders are looking to recover their losses. For example, a Ford Explorer that had a $550-a-month payment on a three-year lease in 1999 has a $630 payment today, notes Tim Laughlin, a personal shopper at *www.carclub.com*, a J.D. Power Club. Still experts advise that the most cost-conscious consumers should think long term—buying is often the cheapest option. *—Jin Park*



THE HARDEST JOB



Ask where loved ones keep major documents to avoid future hassles

After a parent or spouse dies, paperwork may be the last thing on your mind. Nevertheless, it's important. Gather your loved one's will and other documents, such as bank and brokerage statements and insurance policies. Then:

- Call the Social Security Administration (800-772-1213) or go to *www.ssa.gov* to see whether you're entitled to benefits, and contact his most recent employer's human-resources department to check on pension and retirement plans.
- Get at least eight copies of the death certificate—you'll need them to close bank accounts and settle debts.
- Notify life insurers and file claims.
- Meet with a lawyer to begin settling the estate if necessary.
- Arrange for an inventory and a professional appraisal of belongings.
- Ascertain outstanding mortgages and debts. But don't pay off a parent's debts using your own funds. You're not legally responsible, and eliminating the debts could increase taxes on the estate.
- Notify banks, brokerage firms and credit-card companies.
- Call auto and property insurers about continuing coverage until the estate is settled.

—"The Inheritor's Handbook," by Dan Rottenberg (Bloomberg, 1999)

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How to Judge a Woman by Her Handshake



You can get a feel for more than just a woman's hand by giving it a shake—you can get a grip on her personality. "A handshake sends a powerful message," says Robert J. Brown, a California management consultant, longtime handshake observer and lecturer on the psychology of handshakes. According to Brown, the best greetings engage the full hand and involve eye contact and a brief linger, all of which signify sincerity, confidence and openness. Beware of shakes that are:

- **Half-handed** A fingers-only squeeze may show a lack of connection and a fear of intimacy.
- **Clammy** A cold and indifferent shake typically conveys fear or nervousness.
- **Two-handed** This double grab tells you the woman wants intimacy too quickly; it may be a sign she can't be trusted.
- **Over-the-top** When her palm faces down in relation to yours, she's expressing superiority and dominance.

Three Things to Look for When Buying Sunglasses



Shopping for specs requires more than just an eye for style. Keep these pointers in mind:

Frame If you often leave your glasses on your car seat or at the bottom of your purse, you'll need to look for a sturdy frame, preferably one made of nylon (best for impact sports) or titanium (the strongest and lightest metal; great for everyday wear). Plastic frames are good, too, and have a deep groove for the lens mounts, so the lenses aren't likely to pop out. If you can't tell what your favorite pair is made of, ask a salesperson.

Lens material and coating For scratch-resistance, glass is number one. Plastic scratches easily, but it's durable and lightweight, making it a top choice. When considering eye protection, lens coating is key. Polarized lenses filter out glare; mirrored specs reflect it back. For the most comfort in the sun, go with an antireflective coating on the back of the lenses. This ensures that any light coming in from the sides won't bounce off the back of the lenses and irritate your eyes.

Lens color The color you choose depends on the function of your glasses. Green works well in both low and bright light, making it great for daily wear. Brown and amber are perfect for high-glare or hazy conditions. Gray, rose and yellow are best for outdoor activities, such as golf, skiing and tennis.

HOW TO FIND OLD HIGH-SCHOOL PALS

Want to look up that lab partner who made chemistry bearable? Here's good news: Tracking down high-school classmates is much easier than memorizing the periodic table.

1. Start online. The "locate people" tool on your search engine often includes phone numbers and e-mail addresses. Yahoo's and AOL's people finders are limited, though, so if your first attempt is unsuccessful, try searching for "people finders" on Google.com or Copernic.com. Web sites like Classmates.com, eClassReunion.com and PlanetAlumni.com usually search only among the names of alumni who have already registered with them.



Katie Couric
class of '75



Kenneth Starr
class of '64

2. If you can't find one person, look up another who might know his or her whereabouts. A search for "high-school classmates" on Google locates hundreds of sites sponsored by specific schools and graduating classes. If your class has a Web page, the person who created it is likely to be a fountain of gossip.

3. No Web access? No problem. Scour CD-ROM phone books at the library. Most offer these listings free of charge.

4. Call your alma mater for updated information on graduates. They may also help you contact your class's reunion coordinator.

5. Still stymied? Include a list of hard-to-find friends in a reunion announcement and ask people to pass along any information they may have on the missing classmates.

By Catherine Fredman

Clip this Ad and bring it to your doctor

Discover The **Only** Cholesterol Medicine Proven To Do All This:

PRAVACHOL®

The FDA has approved these drugs to: When used with diet, when diet and exercise aren't enough.	PRAVACHOL	Leading Brand**
Lower LDL or "bad" cholesterol	✓	✓
Raise HDL-C or "good" cholesterol	✓	✓
Extend life by reducing the risk of a heart attack[1,2]	✓	
Reduce the risk of first and second heart attacks[1,2]	✓	
Reduce the risk of stroke[2]	✓	
Slow progression of atherosclerosis (hardening of the arteries)[2]	✓	
Reduce the need for bypass surgery[1,2]	✓	
Reduce the need for angioplasty[1,2]	✓	

1. For people with high cholesterol who have never had a heart attack and have no evidence of Coronary Heart Disease
2. For people who have had a heart attack or evidence of Coronary Heart Disease

The clinical impact of the comparative differences shown in this chart is not known.

**Leading Brand is the #1 most prescribed brand of cholesterol lowering medication in the U.S. according to IMS National Prescription Audit, week of 8/4/00.

Important Information: Pravachol® (pravastatin sodium), a prescription drug, is not for everyone, including women who are pregnant or nursing or may become pregnant, or people with liver problems. And because serious side effects can result, tell your doctor about any unexplained muscle pain or weakness you experience while on Pravachol, and about any medications you are taking. He may do blood tests to check for liver problems. Be sure your doctor knows about any other medications you are taking, so any possible serious drug interactions can be avoided. Some mild side effects, such as slight rash or stomach upset, occur in 2-4% of patients. Ask your healthcare provider if Pravachol is right for you.

To request information call toll-free

1-877-PRAVA-CALL

Or visit our Web site at www.pravachol.com

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PRAVACHOL pravastatin sodium 40 mg tablets

Please see important information on next page.

PRAVACHOL

(pravastatin sodium) Tablets

Rx only

For complete prescribing information, please consult official package

...medication. Active liver disease or unexplained, persistent

WARNINGS: *Pregnancy and lactation.* Atherosclerosis is a chronic process and dis-...treatment usually should have little impact on the outcome of long-term therapy of pri-...mary hypercholesterolemia. The products of cholesterol biosynthesis are essential components for fetal ...development (cell membranes). Since HMG-CoA reductase inhibitors decrease choles-...terol synthesis and other biologically active substances derived from cholesterol, they are con-...traindicated in pregnant and nursing mothers. **Pravastatin should be administered to women of childbearing age only when such patients are highly unlikely to conceive and have been informed of the potential hazards.** If the patient becomes pregnant while taking this class of drug, therapy should be discontinued immediately and the patient apprised of the potential hazards to the fetus (see **PRECAUTIONS: Pregnancy**)

WARNINGS: Liver Enzymes. HMG CoA reductase inhibitors, like some other lipid-lowering therapies, have been associated with biochemical abnormalities of liver function. Increases of serum transaminase (ALT AST) values to more than 3 times the upper limit of normal occurring on 2 or more (not necessarily sequential) occasions have been reported in 1.3% of patients treated with pravastatin in the US over an average period of 18 months. These abnormalities were not associated with cholestasis and did not appear to be related to treatment duration. In those patients in whom these abnormalities were believed to be related to pravastatin and who were discontinued from therapy, the transaminase levels usually fell slowly to pretreatment levels. These biochemical findings are usually asymptomatic although worldwide experience indicates that anorexia, weakness and/or abdominal pain may also be present in rare patients. In the largest long-term placebo-controlled clinical trial with pravastatin (Pravastatin Primary Prevention Study; see **CLINICAL PHARMACOLOGY**), the overall incidence of AST and/or ALT elevations to greater than three times the upper limit of normal was 1.05% in the pravastatin group as compared to 0.73% in the placebo group. One (0.03%) pravastatin-treated patient and 2 (0.06%) placebo-treated patients were discontinued because of transaminase elevations. Of the patients with normal liver function at week 12, three of 2875 treated with pravastatin (0.10%) and one of the 2919 placebo patients (0.03%) had elevations of AST greater than three times the upper limit of normal on two consecutive measurements and/or discontinued due to elevations in transaminase levels during the 4.8 years (median treatment) of the study. **It is recommended that liver function tests be performed prior to and at 12 weeks following initiation of therapy or the elevation of dose.** Patients who develop increased transaminase levels or signs and symptoms of liver disease should be monitored with a second liver function evaluation to confirm the finding and he followed thereafter with frequent liver function tests until the abnormality(ies) return to normal. Should an increase in AST or ALT of three times the upper limit of normal or greater persist, withdrawal of pravastatin therapy is recommended. Active liver disease or unexplained transaminase elevations are contraindications to the use of pravastatin (see **CONTRAINOICATIONS**). Caution should be exercised when pravastatin is administered to patients with a history of liver disease or heavy alcohol ingestion (see **CLINICAL PHARMACOLOGY: Pharmacokinetics/Metabofism**). Such patients should be closely monitored, started at the lower end of the recommended dosing range, and titrated to the desired therapeutic effect. **Skeletal Muscle: Rare cases of rhabdomyolysis with acute renal failure secondary to myoglobinuria have been reported with pravastatin and other drugs in this class.** Uncomplicated myalgia has also been reported in pravastatin-treated patients (see **AOVERSE REACTIONS**). Myopathy, defined as muscle aching or muscle weakness in conjunction with increases in creatine phosphokinase (CPK) values to greater than 10 times the upper normal limit, was rare (<0.1%) in pravastatin clinical trials. Myopathy should be considered in any patient with diffuse myalgias, muscle tenderness or weakness, and/or marked elevation of CPK. Patients should be advised to report promptly unexplained muscle pain, tenderness or weakness, particularly if accompanied by malaise or fever. **Pravastatin therapy should be discontinued if markedly elevated CPK levels occur or myopathy is diagnosed or suspected. Pravastatin therapy should also be temporarily withheld in any patient experiencing an acute or serious condition predisposing to the development of renal failure secondary to rhabdomyolysis, e.g., sepsis; hypotension; major surgery; trauma; severe metabolic, endocrine, or electrolyte disorders; or uncontrolled epilepsy.** The risk of myopathy during treatment with another HMG-CoA reductase inhibitor is increased with concurrent therapy with either erythromycin, cyclosporine, niacin, or fibrates. However, neither myopathy nor significant increases in CPK levels have been observed in three reports involving a total of 100 post-transplant patients (24 renal and 76 cardiac) treated for up to two years concurrently with pravastatin 10-40 mg and cyclosporine. Some of these patients also received other concomitant immunosuppressive therapies. Further, in clinical trials involving small numbers of patients who were treated concurrently with pravastatin and niacin, there were no reports of myopathy. Also, myopathy was not reported in a trial of combination pravastatin (40 mg/day) and gemfibrozil (1200 mg/day), although 4 of 75 patients on the combination showed marked CPK elevations versus one of 73 patients receiving placebo. There was a trend toward more frequent CPK elevations and patient withdrawals due to musculoskeletal symptoms in the group receiving combined treatment as compared with the groups receiving placebo, gemfibrozil, or pravastatin monotherapy (see **PRECAUTIONS: Drug Interactions**). **The use of fibrates alone may occasionally be associated with myopathy. The combined use of pravastatin and fibrates should be avoided unless the benefit of further alterations in lipid levels is likely to outweigh the increased risk of this drug combination.**

PRECAUTIONS: General: PRAVACHOL may elevate creatine phosphokinase and transaminase levels (see **AOVERSE REACTIONS**). This should be considered in the differential diagnosis of chest pain in a patient on therapy with pravastatin. *Homozygous Familial Hypercholesterolemia.* Pravastatin has not been evaluated in patients with rare homozygous familial hypercholesterolemia. In this group of patients, it has been reported that HMG-CoA reductase inhibitors are less effective because the patients lack functional LOL receptors. *Renal Insufficiency.* A single 20 mg oral dose of pravastatin was administered to 24 patients with varying degrees of renal impairment (as determined by creatinine clearance). No effect was observed on the pharmacokinetics of pravastatin or its 3α-hydroxy isomeric metabolite (SO 31,906). A small increase was seen in mean AUC values and half-life ($t_{1/2}$) for the inactive enzymatic ring hydroxylation metabolite (SO 31,945). Given this small sample size, the dosage administered, and the degree of individual variability, patients with renal impairment who are receiving pravastatin should be closely monitored. **Information for Patients:** Patients should be advised to report promptly unexplained muscle pain, tenderness or weakness, particularly if accompanied by malaise or fever (see **WARNINGS: Skeletal Muscle**). **Drug Interactions:** *Immunosuppressive Drugs, Gemfibrozil, Niacin (Nicotinic Acid), Erythromycin.* See **WARNINGS: Skeletal Muscle**. *Cytochrome P450 3A4 Inhibitors. In vitro* and *in vivo* data indicate that pravastatin is not metabolized by cytochrome P450 3A4 to a clinically significant extent. This has been shown in studies with known cytochrome P450 3A4 inhibitors (see diltiazem and itraconazole below). Other examples of cytochrome P450 3A4 inhibitors include ketoconazole, mibefradil, and erythromycin. *Diltiazem* – Steady-state levels of diltiazem (a known, weak inhibitor of P450 3A4) had no effect on the pharmacokinetics of pravastatin. In this study, the AUC and C_{max} of another HMG-CoA reductase inhibitor which is known to be metabolized by cytochrome P450 3A4 increased by factors of 3.6 and 4.3, respectively. *Itraconazole* – The mean AUC and C_{max} for pravastatin were increased by factors of 1.7 and 2.5, respectively, when given with itraconazole (a potent P450 3A4 inhibitor which also inhibits p-glycoprotein transport) as compared to placebo. The mean $t_{1/2}$ was not affected by itraconazole, suggesting that the relatively small increases in C_{max} and AUC were due solely to increased bioavailability rather than a decrease in clearance, consistent with inhibition of p-glycoprotein transport by itraconazole. This drug transport system is thought to affect bioavailability and excretion of HMG-CoA reductase inhibitors, including pravastatin. The AUC and C_{max} of another HMG-CoA reductase inhibitor which is known to be metabolized by cytochrome P450 3A4 increased by factors of 19 and 17, respectively, when given with itraconazole. *Antipyrine:* Since concomitant administration of pravastatin had no effect on the clearance of antipyrine, interactions with other drugs metabolized via the same hepatic cytochrome isozymes are not expected. *Cholestyramine/Colestipol* Concomitant administration resulted in an approximately 40 to 50% decrease in the mean AUC of pravastatin. However, when pravastatin was administered 1 hour before or 4 hours after cholestyramine or 1 hour before colestipol and a standard meal, there was no clinically significant decrease in bioavailability or therapeutic effect. (See **DOSAGE AND ADMINISTRATION: Concomitant Therapy**.) *Warfarin:* Pravastatin had no clinically significant effect on prothrombin time when administered in a study to normal elderly subjects who were stabilized on warfarin. *Cimetidine:* The $AUC_{0\text{-}12\ hr}$ for pravastatin when given with cimetidine was not significantly different from the AUC for pravastatin when given alone. A significant difference was observed between the AUC's for pravastatin when given with cimetidine compared to when administered with antacid. *Digoxin:* In a crossover trial involving 18 healthy male subjects given pravastatin and digoxin concurrently for 9 days, the bioavailability parameters of digoxin were not affected. The AUC of pravastatin tended to increase, but the overall bioavailability of pravastatin plus its metabolites SO 31,906 and SO 31,945 was not altered. *Cyclosporine:* Some investigators have measured cyclosporine levels in patients on pravastatin, and to date, these results indicate no clinically meaningful elevations in cyclosporine levels. In one single-dose study, pravastatin levels were found to be increased in cardiac transplant patients receiving cyclosporine. *Gemfibrozil.* In a crossover study in 20 healthy male volunteers given concomitant single doses of pravastatin and gemfibrozil, there was a significant decrease in urinary excretion and protein binding of pravastatin. In addition, there was a significant increase in AUC, C_{max}, and T_{max} for the pravastatin metabolite SO 31,906. Combination therapy with pravastatin and gemfibrozil is generally not recommended. In interaction studies with *aspirin, antacids* (1 hour prior to PRAVACHOL), *cimetidine, nicotinic acid,* or *probucol,* no statistically significant differences in bioavailability were seen when PRAVACHOL was administered. **Endocrine Function:** HMG-CoA reductase inhibitors interfere with cholesterol synthesis and lower circulating cholesterol levels and, as such, might theoretically blunt adrenal or gonadal steroid hormone production. Results of clinical trials with pravastatin in males and post-menopausal females were inconsistent with regard to possible effects of the drug on basal steroid hormone levels. In a study of 21 males, the mean testosterone response to human chorionic gonadotropin was significantly reduced ($p<0.004$) after 16 weeks of treatment with 40 mg of pravastatin. However, the percentage of patients showing a ≥50% rise in plasma testosterone after human chorionic gonadotropin stimulation did not change significantly after therapy in these patients. The effects of HMG-CoA reductase inhibitors on spermatogenesis and fertility have not been studied in adequate numbers of patients. The effects, if any, of pravastatin on the pituitary-gonadal axis in pre-menopausal females are unknown. Patients treated with pravastatin who display clinical evidence of endocrine dysfunction should be evaluated appropriately. Caution should also be exercised if an HMG-CoA reductase inhibitor or other agent used to lower cholesterol levels is administered to patients also receiving other drugs (e.g., ketoconazole, spironolactone, cimetidine) that may diminish the levels or activity of steroid hormones. **CNS Toxicity:** CNS vascular lesions, characterized by perivascular hemorrhage and edema and mononuclear cell infiltration of perivascular spaces, were seen in dogs treated with pravastatin at a dose of 25 mg/kg/day, a dose that produced a plasma drug level about 50 times higher than the mean drug level in humans taking 40 mg/day. Similar CNS vascular lesions have been observed with several other drugs in this class. A chemically similar drug in this class produced optic nerve degeneration (Wallerian degeneration of retinogeniculate fibers) in clinically normal dogs in a dose-dependent fashion starting at 60 mg/kg/day, a dose that produced mean plasma drug levels about 30 times higher than the mean drug level in humans taking the highest recommended dose (as measured by total enzyme inhibitory activity). This same drug also produced vestibulocochlear Wallerian-like degeneration and retinal ganglion cell chromatolysis in dogs treated for 14 weeks at 180 mg/kg/day, a dose which resulted in a plasma drug level similar to that seen with the 60 mg/kg/day dose. **Carcinogenesis, Mutagenesis, Impairment of Fertility:** In a 2-year study in rats fed pravastatin at doses of 10, 30, or 100 mg/kg body weight, there was an increased incidence of hepatocellular carcinomas in males at the highest dose ($p<0.01$). Although rats were given up to 125 times the human dose (HD) on a mg/kg body weight basis, serum drug levels were only 6 to 10 times higher than those measured at 40 mg pravastatin as measured by AUC. In a 2-year study in mice fed pravastatin at doses of 250 and 500 mg/kg/day, there was an increased incidence of hepatocellular carcinomas in males and females at both 250 and 500 mg/kg/day. At these doses, lung adenomas in females were increased ($p=0.013$). Serum drug levels were 30 to 60 times HD (500 mg/kg/day) and 50 times (500 mg/kg/day) that of humans given 40 mg pravastatin, as measured by AUC. In a 2-year study in mice with doses at up to 100 mg/kg/day (producing plasma drug levels up to 5 times human drug levels), there were no drug-induced tumors. No evidence of mutagenicity was observed *in vitro*, with or without rat liver activation, in the following studies: microbial mutagen tests, using mutant strains of *Salmonella typhimurium* and *E. coli*; a forward mutation assay in L5178Y TK +/- mouse lymphoma cells; a chromosomal aberration test in human lymphocytes; and a gene conversion assay using *Saccharomyces cerevisiae*. In addition, there was no evidence of mutagenicity in a dominant lethal test in mice or a micronucleus test in mice. In a study in rats, with daily doses up to 500 mg/kg/day, pravastatin did not produce any adverse effects on fertility or general reproductive performance. However, in a study in rats with another HMG-CoA reductase inhibitor, there was decreased fertility in male rats treated for 34 weeks at 25 mg/kg/day, although this effect was not observed in a subsequent fertility study when this same dose was administered for 24 weeks (the entire cycle of spermatogenesis, including epididymal maturation). In rats treated with this same reductase inhibitor at 180 mg/kg/day, seminiferous tubule degeneration (necrosis and loss of spermatogenic epithelium) was observed, but was not seen with pravastatin, two similar drugs in this class caused drug-related testicular atrophy, decreased spermatogenesis, spermatocytic degeneration, and giant cell formation in dogs. The clinical significance of these findings is unknown. **Pregnancy: Pregnancy Category X.** See **CONTRAINOICATIONS**. Safety in pregnant women has not been established. Pravastatin was not teratogenic in rats at doses up to 1000 mg/kg daily or in rabbits at doses of up to 50 mg/kg daily; these doses resulted in 20x (rabbit) or 240x (rat) the human exposure based on surface area (mg/meter^2). Rare reports of congenital anomalies have been received following intrauterine exposure to other HMG-CoA reductase inhibitors. In a review of approximately 100 prospectively followed pregnancies in women exposed to simvastatin or lovastatin, the incidence of congenital anomalies, spontaneous abortions and fetal deaths/stillbirths did not exceed what would be expected in the general population. The number of cases is adequate only to exclude a three-to-four-fold increase in congenital anomalies over the background incidence. In 89% of the prospectively followed pregnancies, drug treatment was initiated prior to pregnancy and was discontinued at some point in the first trimester when pregnancy was identified. As safety in pregnancy has not been established and there is no apparent benefit to therapy with PRAVACHOL during pregnancy (see **CONTRAINOICATIONS**), treatment should be immediately discontinued as soon as pregnancy is recognized. PRAVACHOL (pravastatin sodium) should be administered to women of child-bearing potential only when such patients are highly unlikely to conceive and have been informed of the potential hazards. **Nursing Mothers:** A small amount of pravastatin is excreted in human breast milk. Because of the potential for serious adverse reactions in nursing infants, women taking PRAVACHOL should not nurse (see **CONTRAINOICATIONS**). **Pediatric Use:** Safety and effectiveness in individuals less than 18 years old have not been established. Hence, treatment in patients less than 18 years old is not recommended at this time. **Geriatric Use:** Two secondary prevention trials with pravastatin (CARE and LIPID) included a total of 6,593 subjects treated with pravastatin 40 mg for periods ranging up to 6 years. Across these two studies, 36.1% of pravastatin subjects were 65 and older and 0.8% were aged 75 and older. The beneficial effect of pravastatin in elderly subjects in reducing cardiovascular events and in modifying lipid profiles was similar to that seen in younger subjects. The adverse event profile in the elderly was similar to that in the overall population. Other reported clinical experience has not identified differences in responses to pravastatin between elderly and younger patients. Mean pravastatin AUCs are slightly (25-50%) higher in elderly subjects than in healthy young subjects, but mean C_{max}, T_{max} and $t_{1/2}$ values are similar in both age groups and no dosage adjustment of pravastatin would not be expected in the elderly (see **CLINICAL PHARMACOLOGY: Pharmacokinetics/Metabofism**).

AOVERSE REACTIONS: Pravastatin is generally well tolerated; adverse reactions have usually been mild and transient. In 4-month long placebo-controlled trials, 1.7% of pravastatin-treated patients and 1.2% of placebo-treated patients were discontinued from treatment because of adverse experiences attributed to study drug therapy; this difference was not statistically significant. In long-term studies, the most common reasons for discontinuation were asymptomatic transaminase increases and mild, non-specific gastrointestinal complaints. (See also **PRECAUTIONS: Geriatric Use**.)

Adverse Clinical Events: All adverse clinical events (regardless of attribution) reported in more than 2% of pravastatin-treated patients in the placebo-controlled trials are identified in the table below; also shown are the percentages of patients in whom these medical events were believed to be related or possibly related to the drug:

	All Events		Events Attributed to Study Drug	
Body System/Event	**Pravastatin (N = 900) %**	**Placebo (N = 411) %**	**Pravastatin (N = 900) %**	**Placebo (N = 411) %**
Cardiovascular				
Cardiac Chest Pain	4.0	3.4	0.1	0.0
Dermatologic Rash	4.0*	1.1	1.3	0.9
Gastrointestinal				
Nausea/Vomiting	7.3	7.1	2.9	3.4
Diarrhea	6.2	5.6	2.0	1.9
Abdominal Pain	5.4	6.9	2.0	3.9
Constipation	4.0	7.1	2.4	5.1
Flatulence	3.3	3.6	2.7	3.4
Heartburn	2.9	1.9	2.0	0.7
General				
Fatigue	3.8	3.4	1.9	1.0
Chest Pain	3.7	1.9	0.3	0.2
Influenza	2.4*	0.7	0.0	0.0
Musculoskeletal				
Localized Pain	10.0	9.0	1.4	1.5
Myalgia	2.7	1.0	0.6	0.0
Nervous System				
Headache	6.2	3.9	1.7*	0.2
Dizziness	3.3	3.2	1.0	0.5
Renal/Genitourinary				
Urinary Abnormality	2.4	2.9	0.7	1.2
Respiratory				
Common Cold	7.0	6.3	0.0	0.0
Rhinitis	4.0	4.1	0.1	0.0
Cough	2.6	1.7	0.1	0.0

*Statistically significantly different from placebo

In three large, placebo-controlled trials (West of Scotland Coronary Prevention study [WOS], Cholesterol and Recurrent Events study [CARE], and Long-term Intervention with Pravastatin in Ischemic Disease study [LIPID]) involving a total of 19,768 patients treated with PRAVACHOL (pravastatin sodium) (N=9895) or placebo (N=9873), the safety and tolerability profile of the pravastatin group was comparable to that of the placebo group over the median 4.8 to 5.9 years of follow-up. The following effects have been reported with drugs in this class, not all the effects listed below have necessarily been associated with pravastatin therapy: *Skeletal:* myopathy, rhabdomyolysis, arthralgia. *Neurological:* dysfunction of certain cranial nerves (including alteration of taste, impairment of extra-ocular movement, facial paresis), tremor, vertigo, memory loss, paresthesia, peripheral neuropathy, peripheral nerve palsy, anxiety, insomnia, depression. *Hypersensitivity Reactions:* An apparent hypersensitivity syndrome has been reported rarely which has included one or more of the following features: anaphylaxis, angioedema, lupus erythematous-like syndrome, polymyalgia rheumatica, dermatomyositis, vasculitis, purpura, thrombocytopenia, leukopenia, hemolytic anemia, positive ANA, ESR increase, eosinophilia, arthritis, arthralgia, urticaria, asthenia, photosensitivity, fever, chills, flushing, malaise, dyspnea, toxic epidermal necrolysis, erythema multiforme, including Stevens-Johnson syndrome. *Gastrointestinal:* pancreatitis, hepatitis, including chronic active hepatitis, cholestatic jaundice, fatty change in liver, and, rarely, cirrhosis, fulminant hepatic necrosis, and hepatoma; anorexia, vomiting. *Skin:* alopecia, pruritus. A variety of skin changes (e.g., nodules, discoloration, dryness of skin/mucous membranes, changes in hair/nails) have been reported. *Reproductive:* gynecomastia, loss of libido, erectile dysfunction. *Eye:* progression of cataract (lens opacities), ophthalmoplegia. *Laboratory Abnormalities:* elevated transaminases, alkaline phosphatase, and bilirubin; thyroid function abnormalities. **Laboratory Test Abnormalities:** Increases in serum transaminase (ALT, AST) values and bilirubin have been observed (see **WARNINGS**). Transient, asymptomatic eosinophilia has been reported. Eosinophil counts usually returned to normal despite continued therapy. Anemia, thrombocytopenia, and leukopenia have been reported with HMG-CoA reductase inhibitors. **Concomitant Therapy:** Pravastatin has been administered concurrently with cholestyramine, colestipol, nicotinic acid, probucol and gemfibrozil. Preliminary data suggest that the addition of either probucol or gemfibrozil to therapy with lovastatin or pravastatin is **not** associated with greater reduction in LOL-cholesterol than that achieved with lovastatin or pravastatin alone. No adverse reactions unique to the combination or in addition to those previously reported for each drug alone have been reported. Myopathy and rhabdomyolysis (with or without acute renal failure) have been reported when another HMG-CoA reductase inhibitor was used in combination with immunosuppressive drugs, gemfibrozil, erythromycin, or lipid-lowering doses of nicotinic acid. Concomitant therapy with HMG-CoA reductase inhibitors and these agents is generally not recommended. (See **WARNINGS: Skefetal Muscle** and **PRECAUTIONS: Drug Interactions**.)

OVEROOSAGE: To date, there are two reported cases of overdosage with pravastatin, both of which were asymptomatic and not associated with clinical laboratory abnormalities. If an overdose occurs, it should be treated symptomatically and supportive measures should be instituted as required.

REFERENCE: [1]Manson JM, Freyssinges C, Ducrocq MB, Stephenson WP. Postmarketing Surveillance of Lovastatin and Simvastatin Exposure During Pregnancy. *Reproductive Toxicology* 10(6):439-446, 1996.

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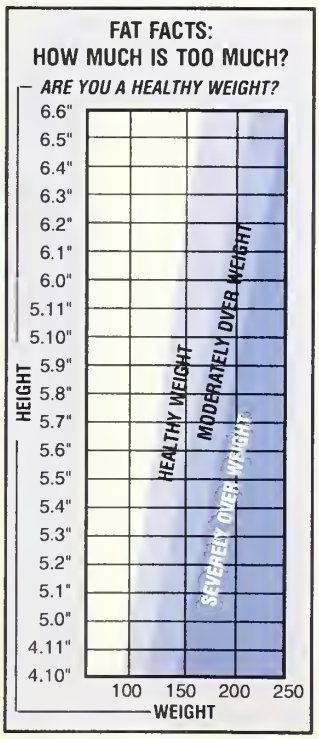
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In a recent health survey, it was determined that 61% of Americans are overweight. Like most of these people, you are probably looking for a way to lose weight...without the pain, struggle and failure that come with many diet plans on the market. For many of these people, the problem is mainly one of motivation. Getting started on a diet or even a simple exercise program is difficult to do, especially when there's the added frustration of not seeing results right away. That's why the Hollywood 48-Hour Miracle Diet is different. It uses centuries-old wisdom of periodic fasting and the latest nutrition technology to help people reach their goals quickly, naturally and safely. Isn't it time you started taking losing weight seriously? The Hollywood 48-Hour Miracle Diet can help.

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Summer Get-Together

Fire up the grill and serve your guests a crowd-pleasing menu that features the cool, fresh, fabulous tastes of the tropics By Jan Turner Hazard

CARIBBEAN CHICKEN AND BEEF SKEWERS

We threaded the meat onto edible sugar-cane sticks (you can find them in the produce section of the supermarket). If you choose to cook up both the chicken and beef, double the rub ingredients and skewers. (We tested several bottled sauces available nationwide. Check "Sauces that Satisfy" for mail-order sources, page 176.)

Prep time: 30 minutes
Grilling time: 8 to 10 minutes

2 packages (4 oz. each) sugar-cane sticks,* or 20 (6-inch) wooden or metal skewers

1½ pounds boneless chicken breasts or 2 pounds boneless beef sirloin
1 tablespoon safflower or vegetable oil
1½ teaspoons green pepper sauce
1 teaspoon minced garlic
¾ teaspoon thyme
½ teaspoon salt
½ teaspoon cinnamon

Assorted bottled sauces, such as Bobby Flay's Smoked Yellow Pepper Sauce, Earth & Vine Red Bell Pepper and Ancho Chili Jam, or Sweet Sides Blueberry BBQ Sauce (see box, page 176)

1. Cut each sugar-cane stick in half crosswise with sharp, heavy-duty scissors or knife. Then cut one end of each to form a point (or soak wooden skewers in shallow pan in enough water to cover, 30 minutes).
2. Cut chicken into 1¼-inch chunks (about 40 pieces), or slice beef into ¼-inch-thick slices (about 40).
3. Toss chicken (or beef) with oil, pepper sauce, garlic, thyme, salt and cinnamon. *(Can be made ahead. Cover and refrigerate overnight.)*
4. Heat grill or grill pan.
5. Thread one piece chicken or beef on sugar cane or 2 pieces onto each skewer. Grill chicken 8 to 10 minutes, turning as pieces brown, until cooked through (for beef, cook 3 minutes per side). Serve with assorted sauces. Makes 20 skewers.

**Can be purchased through Frieda's Finest, 800-421-9477.*

Per skewer (chicken): 45 calories, 1 g total fat, 0 g saturated fat, 20 mg cholesterol, 85 mg sodium, 0 g carbohydrates, 8 g protein, 6 mg calcium, 0 g fiber

Per skewer (beef): 65 calories, 4 g total fat, 1.5 g saturated fat, 21 mg cholesterol, 78 mg sodium, 0 g carbohydrates, 6 g protein, 5 mg calcium, 0 g fiber

SPICY SHRIMP FRITTERS

Cooking the shrimp with garlic and jalapeño first gives this recipe its authentic Caribbean flavor. Dip these make-ahead fritters into one or two of the suggested bottled sauces.

Prep time: 30 minutes
Cooking time: 4 to 6 minutes per batch

5 teaspoons olive oil, divided
1 pound shelled and deveined shrimp
2 teaspoons minced garlic
½ of a jalapeño chile, minced with seeds
¾ teaspoon salt, divided
2 large eggs, lightly beaten with 2 tablespoons water
¼ cup all-purpose flour
¼ teaspoon baking powder
⅛ teaspoon freshly ground pepper
Assorted bottled sauces, such as Earth & Vine Red Bell Pepper and Ancho Chili Jam (see box, page 176)

1. Heat 1 teaspoon oil in a 12-inch nonstick skillet over high heat 2 minutes. Toss shrimp with garlic, jalapeño and ½ teaspoon salt in bowl to coat. Add shrimp to skillet and cook, stirring, until partially cooked, 1 to 2 minutes. Cool and chop.
2. Meanwhile, whisk eggs with water in a bowl; stir in shrimp and any juices from skillet.
3. Combine flour, baking powder, remaining ¼ teaspoon salt and pepper in a small bowl. Fold in half the flour mixture into shrimp. Repeat with remaining flour.
4. Wipe skillet with paper towel. Add 1 teaspoon oil and heat over medium-high heat. Drop 12 level tablespoonfuls shrimp mixture into skillet, spacing evenly. Cook 1 to 1½ minutes, until golden; turn fritters. Drizzle another 1 teaspoon oil into skillet, and cook 1 to 1½ minutes more, until golden. Transfer to a serving platter. Repeat with remaining batter and oil. *(Can be made ahead. Cool. Cover and refrigerate overnight. To reheat, bake 10 minutes at 350°F.)*
5. Heat choice of two sauces in microwaveproof bowls 30 to 60 seconds to loosen. Serve immediately with fritters. Makes about 24 fritters.

Per fritter: 40 calories, 1.5 g total fat, 0.5 g saturated fat, 46 mg cholesterol, 111 mg sodium, 1 g carbohydrates, 5 g protein, 15 mg calcium, 0 g fiber

SUMMER GET-TOGETHER MENU

Caribbean Chicken or Beef Skewers**
Spicy Shrimp Fritters
Jamaican Patties**
Fruit Salsa**
Pink Beans and Rice**
Vegetable Curry
Jerk Pork
Tossed Green Salad with Diced Mango*
Tropical Blondies**
Ice Cream Sundae with Pineapple and Coconut Sauce*
Strawberry Daiquiri*

*Recipe not given
**Kid-friendly

JAMAICAN PATTIES

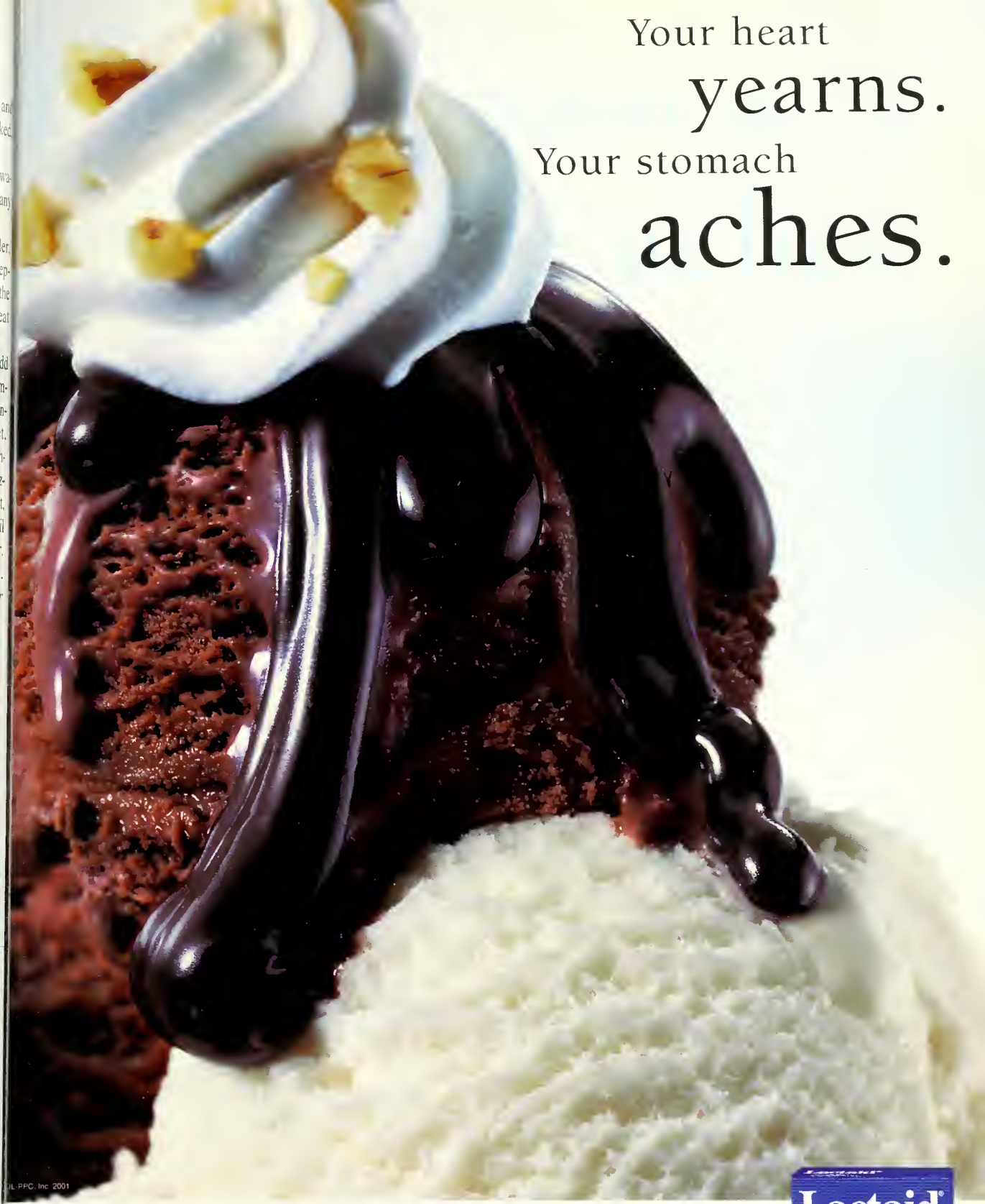
Filled with ground beef, these meat turnovers are seasoned with traditional spices—allspice for sweetness and Scotch bonnet chile for heat.

Prep time: 30 minutes
Baking time: 12 to 15 minutes

Filling:
1 pound lean ground beef
⅔ cup chopped green onions
½ cup chopped red bell pepper
1 tablespoon chopped garlic
1 tablespoon grated fresh ginger
1 teaspoon allspice
1 teaspoon salt
½ to ¼ teaspoon finely chopped Scotch bonnet chile, optional

2 packages (1 lb. 3 oz. each) large refrigerated biscuits
Fruit salsa (see recipe, page 181)

(continued)



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Jerk Pork is seasoned with a dry rub a day ahead, then grilled

SAUCES THAT SATISFY

Look for the sauces for these recipes in the specialty sauce section of your supermarket, or you can order them from these outlets:

American Spoon Foods Pumpkin Chipotle Roasting Sauce
800-222-5886, www.spoon.com or at Williams-Sonoma stores (for locations, call 800-541-2233)

Bobby Flay's Smoked Yellow Pepper Sauce,
800-463-0594 or www.privateharvest.com

Earth & Vine Provisions Red Bell Pepper and Ancho Chili Jam,
888-723-8463

Porcupine Island Co. Cranberry Honey BBQ Sauce,
800-555-8955 or www.porcupineisland.com

Sweet Sides Blueberry BBQ Sauce,
www.sweetsides.com, or through Cook's Nook, 888-557-8761 or www.cooksnook.com

(continued)

1. Heat oven to 375°F.
2. *Make filling:* Heat a large nonstick skillet over medium heat. Cook beef until no longer pink, 5 to 8 minutes, breaking up into small pieces with back of spoon. Add remaining ingredients and cook until vegetables soften, 5 minutes. Cool.
3. Working with one biscuit at a time, roll on a lightly floured surface into a 6-inch circle. Spoon 3 tablespoons of beef mixture in center of circle; brush edge with water. Fold in half. Seal edges. Transfer patties to an ungreased cookie sheet and refrigerate. Repeat with remaining biscuits and filling. *(Can be made ahead. Cover and refrigerate up to 4 hours.)*
4. Brush tops of patties with water. Bake until golden brown, 12 to 15 minutes. Serve warm with fruit salsa, if desired. Makes 16 patties.

Per pattie: 295 calories, 15 g total fat, 4.5 g saturated fat, 21 mg cholesterol, 913 mg sodium, 30 g carbohydrates, 9 g protein, 21 mg calcium, 1 g fiber

JERK PORK

Jerk is a seasoning used in the islands for meat, poultry and fish. This pork is a "double" jerk, seasoned first with an American-style dry rub, then brushed with a prepared sauce while the meat is grilled.

Prep time: 10 minutes
Grilling time: 30 minutes

Dry rub:
1 tablespoon allspice
2 teaspoons nutmeg
2 teaspoons cinnamon
2 teaspoons sugar
1½ teaspoons salt
½ teaspoon habañero chile powder* or ground red pepper

2 packages (2 lbs. each) pork tenderloins (4 tenderloins)
1 tablespoon olive oil
Assorted bottled sauces, such as American Spoon Foods Pumpkin Chipotle Roasting Sauce or Porcupine Island Co. Cranberry Honey BBQ Sauce (see box above)
Fresh rosemary and lime, for garnish

1. Combine allspice, nutmeg, cinnamon, sugar, salt and habañero powder in a cup. Brush tenderloins with oil; sprinkle evenly with dry rub. *(Can be made ahead. Cover and refrigerate overnight.)*
2. Heat grill.
3. Add tenderloins and grill 15 to 20 minutes, turning once. Brush each tenderloin with ¾ cup desired sauce and grill 5 to 10 minutes more, until an instant-read thermometer inserted into thickest section of each tenderloin registers 155°F.
4. Meanwhile, heat ½ cup of each sauce just until warm. Transfer tenderloins to cutting board; slice and arrange on a platter. Serve with sauces. Garnish with rosemary and lime. Makes 8 servings.

**Habañero chile powder may be purchased from Chile Today Hot Tamale, 800-468-7377.*

Per serving: 330 calories, 14.5 g total fat, 5 g saturated fat, 143 mg cholesterol, 536 mg sodium, 2 g carbohydrates, 46 g protein, 21 mg calcium, 0 g fiber

(continued)

"30 Minutes to Homemade" Strawberry Jam

1 qt. ripe strawberries, mashed
4 cups sugar (do not reduce sugar)
3/4 cup water
1 box SURE·JELL® Fruit Pectin
Plastic storage containers

MEASURE 2 cups mashed strawberries into large bowl. Stir in sugar. Let stand 10 minutes, stirring occasionally.

BRING water and pectin to boil in small saucepan on high heat, stirring constantly. Continue boiling and stirring for 1 minute. Stir into fruit mixture in bowl. Stir 3 minutes or until sugar is completely dissolved.

FILL containers quickly to within 1/2 inch of tops; cover with lids. Let stand at room temperature 24 hours. Jam is ready to use. Refrigerate up to 3 weeks or freeze up to 1 year; thaw in refrigerator. Makes about 6 cups.

CERTO Method: Omit water and boiling step. Mix 1 pouch CERTO Fruit Pectin and 2 Tbsp. lemon juice in small bowl. Stir into fruit mixture in bowl. Continue as directed above. Makes about 4 cups.



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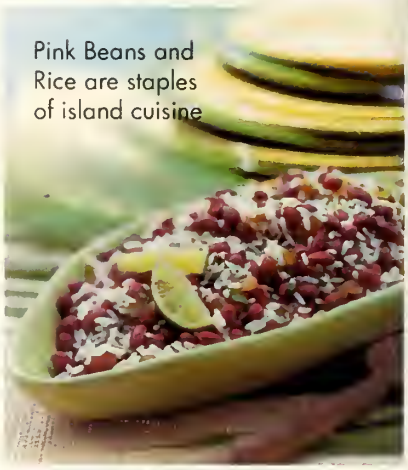
PINK BEANS AND RICE

Dried beans are sometimes called peas in the Caribbean. Serve dish warm or at room temperature.

Prep time: 20 minutes
Cooking time: 15 minutes

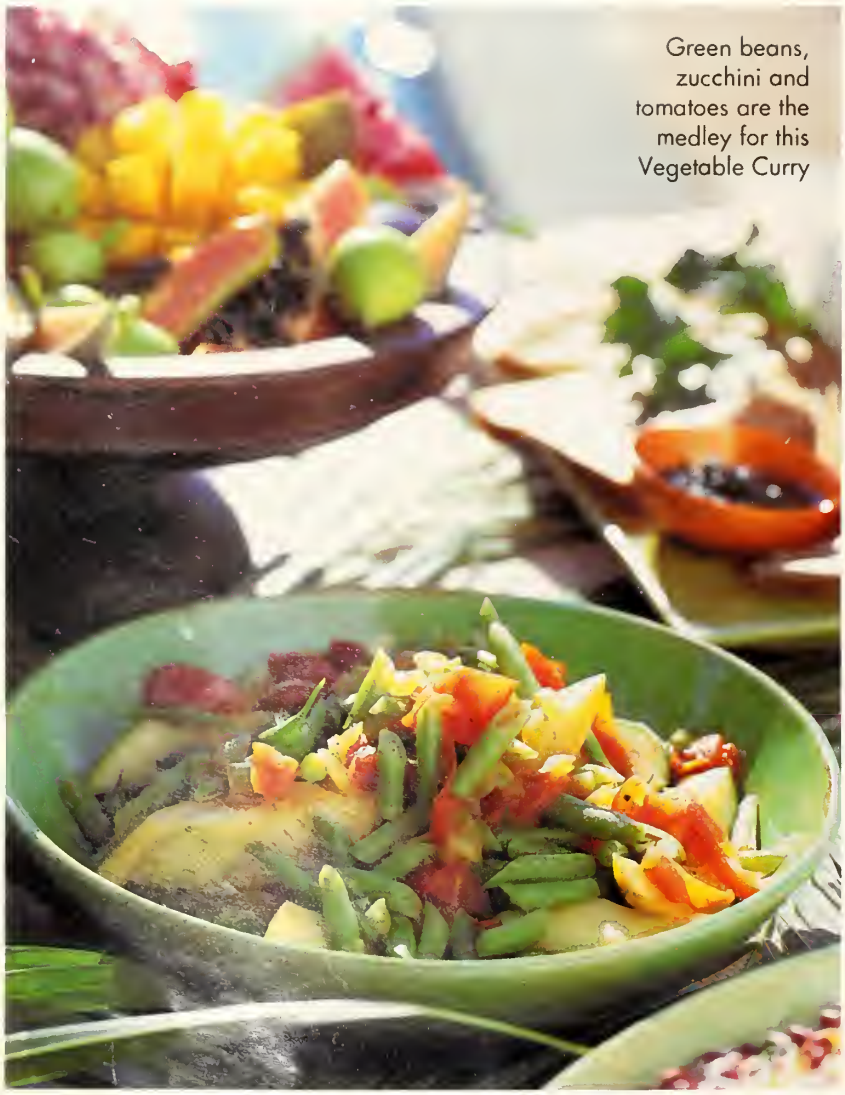
1½ teaspoons salt, divided
1 cup long-grain rice
1 tablespoon vegetable oil
1 cup chopped onions
2 tablespoons chopped garlic
¼ teaspoon coriander
½ bay leaf
1 can (15 oz.) pink beans, drained and rinsed
½ cup chicken broth
Sliced lime (optional)

1. Bring 4 quarts water and 1 teaspoon salt to boil in large saucepan. Add rice; reduce heat to medium and gently boil until tender, but not soft, 12 to 15 minutes. Drain. Transfer rice to a large cookie sheet and spread in a single layer. Cool.
2. Meanwhile, heat oil in a large skillet over medium-high heat. Add onions, garlic, coriander and bay leaf; cook until onions are almost golden, 8 minutes. Stir in beans, broth and remaining ½ teaspoon salt. Simmer until beans are heated through and well seasoned, 10 to 15 minutes.
3. Transfer rice to a large serving bowl. Stir in bean mixture. *(Can be made ahead. Cover and refrigerate overnight. Let rice stand at room temperature 1 hour before serving. Or microwave 8 minutes, stirring once halfway through.)* Garnish top with lime, if desired. Makes about 5 cups.



Pink Beans and Rice are staples of island cuisine

Per ½ cup: 120 calories, 2 g total fat, 0 g saturated fat, 0 mg cholesterol, 455 mg sodium, 22 g carbohydrates, 4 g protein, 22 mg calcium, 2 g fiber



Green beans, zucchini and tomatoes are the medley for this Vegetable Curry

VEGETABLE CURRY

Curry is a blend of aromatic spices perfect for vegetables. We used green beans as a substitute for the traditional okra. Either vegetable makes for a wonderful-tasting dish.

Prep time: 20 minutes
Cooking time: 30 minutes

2 tablespoons vegetable oil
1½ cups chopped onions
1 tablespoon thinly sliced fresh ginger
1 tablespoon curry powder
½ teaspoon salt
1 pound plum tomatoes, coarsely chopped
¾ cup chicken broth
¾ pound green beans or 1 pound okra, trimmed and cut into 1-inch pieces (see Editor's note)
1 pound zucchini or yellow squash, cut into ¾-inch-thick pieces

1. Heat oil in large deep skillet over medium heat. Add onions and ginger and cook until softened, 5 minutes. Stir in curry and salt; cook 2 minutes. Add tomatoes; stir until they are coated with spices. Add *(continued)*

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(continued) broth; bring mixture to boil. Reduce heat to medium-low; stir in beans and cook until green beans are just tender, 10 minutes. (If using okra, cook 15 minutes.)

2. Add zucchini to skillet; cover and simmer until squash is tender, but still retains its shape, 8 to 10 minutes more. *(Can be made ahead. Transfer to a microwaveproof bowl and cool completely. Cover and refrigerate overnight. To reheat, microwave on High 5 to 6 minutes, stirring once halfway through.)* Makes 6 cups.

Per ½ cup: 50 calories, 2.5 g total fat, 0.5 g saturated fat, 0 mg cholesterol, 168 mg sodium, 7 g carbohydrates, 2 g protein, 23 mg calcium, 2 g fiber

Editor's note: If using okra, cut and let stand at room temperature 1 hour before cooking.

TROPICAL BLONDIES

Chocolate chunks and macadam nuts flavor these chewy, dens brown- sugar brownies. Taste the nu before using them: Because of the high-fat content they may go rancid they've not been stored properly.

Prep time: 20 minutes
Baking time: 45 minutes

1½ cups all-purpose flour
1 teaspoon baking powder
¼ teaspoon salt
½ cup butter or margarine, at room temperature
1¼ cups firmly packed brown sugar
2 large eggs
2 teaspoons vanilla extract
½ cup toasted and chopped macadamia nuts, divided
4 ounces semisweet chocolate squares, chopped



Cool things off with sweet Tropical Blondies and make your own fruit ice-cream sundaes

leat oven to 350°F. Line a 9-inch are baking pan with foil. Grease . Set aside.

'ombine flour, baking powder and in a medium bowl. Beat butter l sugar in large mixer bowl on lium-high speed until well blend- 5 minutes. Add eggs, one at a e, scraping side of bowl with rub- spatula. Beat in vanilla. At low ed, gradually add flour mixture il combined. Stir in ⅓ cup nuts l chocolate. Spread batter evenly o prepared pan. Sprinkle remain- nuts over top of batter. Bake until is golden brown and toothpick in- ted in center comes out clean, minutes. Cool on wire rack. Cut o 12 bars. (*Can be made ahead. ore in airtight container 2 days freeze up to 1 month.*) Makes servings.

serving: 315 calories, 16 g total fat, 7.5 g saturat- fat, 56 mg cholesterol, 188 mg sodium, 41 g car- ydrates, 4 g protein, 58 mg calcium, 1 g fiber

UIT SALSA

erve this salsa with both the appe- zers and Jerk Pork to cool the heat.

tal prep time: 15 minutes

navel orange, peeled
ripe avocado, peeled and diced
cup finely chopped onion, rinsed under cold water
papaya, peeled, seeded and diced
banana, peeled and diced
tablespoon chopped fresh cilantro
tablespoon fresh lime juice
teaspoon salt

ection orange over a large bowl to atch any juices. Gently stir in re- naining ingredients. *(Can be made head. Cover and refrigerate up to hours. Let stand at room tempera- ure 30 minutes before serving.)* Makes 3½ cups.

Per ¼ cup: 40 calories, 2 g total fat, 0.5 g saturated fat, 0 mg cholesterol, 23 mg sodium, 6 g carbohydrates, 0.5 g protein, 12 mg calcium, 1 g fiber ■

Recipes by Jane Yagoda Goodman and Cynthia DePersio



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Continued from page 56

40s

The (Mostly) Fabulous 40s

Hormone levels are starting to decline, but midlife can be a time of sexual reawakening. Many women find that they're less burdened by the stressors—children, financial uncertainty—that can undermine desire in the 30s.

- ***The new sexual peak?*** According to the NHSLS, the prevalence of sexual problems in women tends to decrease with advancing age. Like women in their 30s, fortysomethings are at ease with their sexual selves, but now they have the time and energy to enjoy this aspect of their life. Even if you experience a decline in interest, you may find that you can achieve new heights of sexual satisfaction. "Women [at this age] know what they want sexually and are not afraid to ask for it," says Sheryl Kingsberg. (The sad irony is that, with the passage of time, sexual problems become more prevalent in men; see "The Keys to His Desire," page 56.)
- ***Hormones gone haywire*** This is also the decade when women enter perimenopause, the period preceding menopause, when production of estrogen and testosterone begins dropping off. Perimenopause typically kicks in at age 46. About half of all women over 45 experience some symptoms, including irregular periods, lower libido and vaginal dryness. But a decline in sex drive doesn't mean sex can't be great. "You might not have the spontaneous interest, but your ability to achieve orgasm doesn't change in your forties," says Kingsberg.
- ***The Pill for perimenopause*** Many perimenopausal women are prescribed birth control pills to help stabilize hormonal fluctuations and ease symptoms. Of course, the Pill also protects against unwanted pregnancy, which can occur during this transition. Although the Pill may interfere with desire, it may also help a perimenopausal woman feel like herself again—and perhaps more in the mood for sex.
- ***Thyroid trouble*** Disorders of the thyroid gland, which produces mones that stimulate body funct are common in women over 40. By 40, 1 in 15 women have thyroid p lems; by age 50, 1 in 10 women Hypothyroidism, in which the g secretes too little hormones, is a m cause of low libido. Women with condition also experience fatig weight gain and depression. Fortun ly, treatment with synthetic thyr hormone helps relieve symptoms.

50s

A New Beginning

Although the 50s heralds menopause and a dramatic change in sexual sire—many women discover that t decade offers some libido-boosti benefits.

- ***Good-bye hormones*** When wom enter menopause, typically at age about 40 percent begin to experien an even more significant drop-off sexual interest or report some kind dysfunction, says Mary Lake Pola Small wonder: With menopaus there's a dramatic decrease in th ovaries' production of estrogen, th hormone that helps lubricate the vag na and increases blood flow to th genitals. Testosterone also declines.
- ***The bright side of menopause*** Man women are thrilled to put the hassle of menstruation and contraception be hind them. And even though you can count on your hormones to rev u your libido, you don't have to kis your sex life good-bye. New medica tions, including Viagra, are currentl being tested.
- ***Getting a handle on HRT*** Many post-menopausal women take hormone replacement therapy (HRT), which usually involves a combination of estrogen and a synthetic version of progesterone. While HRT is effective in treating symptoms of menopause, such as vaginal dryness and hot flashes, it can lower testosterone levels, dampening libido, according to Laura and Jennifer Berman. As a result, some physicians are starting to prescribe testosterone in addition to HRT. ■

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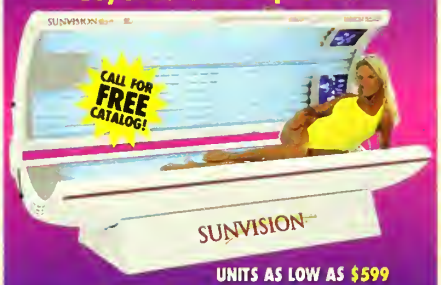
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"Why we still love Jackie style"
Page 128: Striped top, $98; jeans, $100, both Mary Jane Marcasiano; for stores, call 800-486-4088. Sandals, Anne Klein, $195; for store locations, call 212-626-6100. Sunglasses, Riviera, $18; available in major department stores nationwide. **Page 129:** Button-down top, Liquid, $74, at Gazelle, Baltimore, MD; to order, call 410-433-3305. Cardigan, Ballentyne, $600, at Cashmere Cashmere, NYC; to order, call 212-988-5252. Capris, Casual Corner, $49; for store locations, call 800-789-5348. Earrings, R.J. Graziano, $60; for information, call 212-685-3737. Shoes, Cole Haan, $185; to order, go to www.colehaan.com. **Page 130:** Shell, Ballentyne, $495, at Cashmere Cashmere, NYC; to order, call 212-988-5252. Skirt, Douglas Hannant, $495, at Bergdorf Goodman, NYC; to order, call 212-753-7300. Slingbacks, Giuseppe Zanotti Design, $410; to order, call: Marissa Collections, Naples, FL, 941-263-4333, or Oxygene, Bal Harbor, FL, 305-864-0202. Daisy pin, $32, and bangle, $130, both Gerard Yosca; for information, call 212-302-4349. Earrings, R.J. Graziano, $45; for information, call 212-685-3737. Jacket, $355, and skirt, $132, both Shin Choi; for information, call 212-625-9202. Slingbacks, Martinez Valero, $130; for information, call 212-753-1822. Pin, $85, and earrings, $60, both R.J. Graziano; for information, call 212-685-3737. **Page 131:** Top, Votre Nom, $79, at Americana, Manhasset, NY; to order, call 516-627-7777; or Votre Nom, Beverly Hills, CA, call 800-344-7227. Pants, Harvé Bernard, $94, at Profitt's, Alcoa, TN; for information, call 865-983-9454; or Parisian, Birmingham, AL, call 205-599-0300. Trench, Easel, $297; available at select Jacobson's stores nationwide. Bag, Donald Pliner, $200; for information, call 888-307-1630. Scarf, Echo; for store locations, call 800-331-3246. Sunglasses, Riviera, $24; available at Lord & Taylor and Macy's stores nationwide.

Page 132: Dress, YL, $128; for store locations, go to www.yldress.com. Slingbacks, Hype, $119; for stores, call 800-203-3026. Bag, Stella Pace, $135; to order, go to www.bluefly.com. Bracelet, R.J. Graziano, $55; for information, call 212-685-3737. Sunglasses, Riviera, $24; available at Lord & Taylor and Macy's stores nationwide. **Page 133:** Black dress, Rimini by Shaw, $310; for store locations, call 800-444-1918. Pin, $95, and bracelet, $95, both R.J. Graziano; for information, call 212-685-3737. White dress, Donald Deal, $4,800; to order, call 800-347-9177. Bag, Kenneth Jay Lane, $185; for information, call 212-216-0060. Gloves, La Crasia, $200; to order, go to www.lacrasia.com. Earrings and pearl necklace, both R.J. Graziano; for information, call 212-685-3737. Shoes, Maraolo, $165; to order, call 212-832-8182.

"Smooth it, firm it, hide it"
Page 139: Dress, Poleci, $178; to order, call 800-240-0622. Mules, David Aaron, $89; available at David Aaron stores, NYC, or to order, call 888-762-3336. **Page 140:** Three-quarter-sleeve shirt and tank, Bisou Bisou, $98; for store locations, call 800-462-4768. **Page 141:** Sleeveless top, Easel, $88; for information, call 888-327-6020. Skirt, Allen by A.B.S, $85; available at A.B.S retail stores or select Nordstrom stores nationwide. **Page 142:** Dress, Bisou Bisou, $165; for store locations, call 800-462-4768. **Page 143:** Slingback shoes, Nine West, $69; for store locations, call 800-260-2277.



Here Comes the Pooch

An unlikely bride, Toddy joined poodles dyed purple and dachshunds dressed as hot dogs at St. Louis' annual pet parade

Toddy, a Jack Russell terrier, was struck by puppy love.

The bride-to-be had been boning up for her trot down the aisle in St. Louis for weeks. Her all-important dress had been purchased for $5. Once it was delivered to her six-acre farm in Pacific, Missouri, alterations were quickly made and her veil was primped.

But when the big day came, Toddy got cold paws.

"She was an adorable but miserable bride," said owner-of-the-bride Shirley LaMear. "I think she's going to walk down the aisle only once."

TODDY JOINED THOUSANDS OF DOGS dressed in costume at one of the largest pet parades in the country. This year's Mystic Krewe of Barkus Pet Parade drew an estimated 75,000 people and 3,000 pets. Besides "good, clean fun," the parade raised money for the Open Door Animal Sanctuary—the St. Louis area's largest non-kill shelter.

"It really is a day to embarrass the heck out of your pet, under the disguise of doing something good," said LaMear, who owns six dogs and serves as chairperson of the Jack Russell Terrier Club, in St. Louis.

LaMear's dogs have long been publicity hounds. They have appeared in Purina advertisements and an A&E special on the annual Jack Russell Terrier Trial—a two-day-long dog competition.

In lieu of wedding gifts, you can send donations to the Open Door Animal Sanctuary at P.O. Box 870, House Springs, Missouri 63051.

—Melinda Leader

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